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ABSTRACT

This report reviews the current conditions of New York's children. Topics include: (1) demographic conditions, trends and projections; (2) economic conditions; (3) child care; (4) education; (5) health and nutrition; (6) school-age pregnancy and child bearing; (7) alcohol and drug abuse; and (8) racial and ethnic group inequality. The report reviews the implications and costs for the state of these conditions. Fundamental principles that should guide the development of programs designed to improve the situation are stated. A number of programs and activities that contribute to the improved welfare of New York's children are described. These programs are based on three principles: (1) responsibility for the welfare of children is shared by the family and the broader society; (2) prevention is of primary importance; and (3) a broad, community-wide approach involving all segments of society is required for the development of a new sensitivity to the welfare of children and families that recognizes the profound consequences of present unsatisfactory conditions. Operating principles shared by current programs include comprehensiveness and flexibility in provision of services, personalized attention on the part of program staff, ready accessibility of services, recognition of child and family in context, and responsible involvement of clients in the program. (RH)

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New York State PROJECT 2000

New York's Children in 1989: Society at Risk
A Report of New York State Project 2000

Phil and Maxine Schoggen

Cornell University

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The Nelson A. Rockefeller Institute of Government

State University of New York

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A Report of New York State Project 2000

Phil and Maxine Schoggen
Cornell University

September 1989

State University of New York

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FOREWORD

New York State Project 2000 is a strategic planning effort intended to stretch our vision of the future of the State. Initially proposed by Governor Mario M. Cuomo in his 1985 State of the State address, and funded by the Legislature, Project 2000 addresses a broad range of critical issues that will affect New York throughout the balance of the century and beyond. Eight Project 2000 studies were released in 1986. These examined emerging demographic, economic, and technological trends, as well as substantive policy areas presenting the State with key opportunities and challenges. The eight studies were:

POPULATION 2000
ECONOMIC STRUCTURE 2000
SCIENCE AND TECHNOLOGY 2000
ECONOMIC DEVELOPMENT 2000
WATER RESOURCES 2000
ELECTRICITY 2000
LONG-TERM CARE 2000; and
CORRECTIONS AND CRIMINAL JUSTICE 2000.

All eight have been published by SUNY Press in a collected volume entitled *New York in the Year 2000*. Two additional reports have since been released—*The State and the Voluntary Sector* and *Housing*.

The Nelson A. Rockefeller Institute of Government of the State University of New York has been responsible for overseeing New York State Project 2000 and preparation of the resulting reports. The Institute has relied on the wisdom, knowledge, and expertise of hundreds of individuals from every region of the State who have served on project Advisory Panels. Participants in Project 2000 have been drawn from the private and nonprofit sectors, state and local governments, labor, public interest groups, and public and independent colleges and universities.

New York's Children in 1989: Society at Risk is the eleventh report in the Project 2000 series. It reviews the current conditions of New York's children, focusing on nine critical issues:

(1) demographic conditions, trends, and projections;
(2) economic conditions;
(3) child care;
(4) education;
(5) health and nutrition;
(6) school-age pregnancy and child bearing;
(7) child abuse and maltreatment;

(8) alcohol and drug abuse; and
(9) racial and ethnic group inequality.

The Report reviews the future implications and costs for the State of these current conditions, and finds them to be daunting. Fundamental principles that should guide the development of programs designed to improve the situation are enumerated and a number of programs and activities that are successfully contributing to the improved welfare of New York's children are described.

Jeryl L. Mumpower
Director, New York State Project 2000
August 1989

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The Nelson A. Rockefeller Institute of Government and the authors are solely responsible for the contents of this report. The men and women who served on the Advisory Panel have contributed their advice, guidance, and wisdom to its preparation, and the Institute has attempted to heed their direction. Nonetheless, the report does not necessarily represent the views of any or all of the Advisory Panel members. It should not be construed as an official report of the Advisory Panel, nor as an official report of the State University of New York nor any other arm of New York Government.

EXECUTIVE SUMMARY

The children of New York are important both in their own right and because the future of the state and the nation depends upon their development into healthy, competent persons who are capable of meeting the challenges and opportunities of the year 2000 and beyond.

Most of the children of New York State and of the United States live under healthy, safe, clean, and educationally sound conditions. New Yorkers can take justifiable pride because the programs and services it provides in support of children and families are among the best in the nation. However, economic, social, and political developments of the past decade and beyond have combined to create or aggravate unsatisfactory conditions in the lives of too many New York children. The most recently available evidence indicates that one in four children in New York State now live in families with incomes below the established poverty line, and the trend appears to be headed toward one in three. Children of young parents and children in minority families are even more likely to be poor. For such children, the minimal requirements for healthy development are not being met. Society is now failing such children and they will surely fail society in the 21st century because they will lack the health, the education, the skills, and the competence to do the work society must have done and to discharge their responsibilities as citizens and parents. Thus, our treatment of New York's children today places society at risk tomorrow.

Children are becoming fewer in number and they comprise a smaller proportion of the total population, both in New York City and across the state than they did in 1970. Projections through the year 2000 indicate that these trends will continue, although the decline will slow. New York, already one of the most ethnically diverse states, is becoming even more diverse. In the near future, four of every ten babies born in New York will come from minority groups. Children from non-White minority groups comprise a growing proportion of all children in the state and particularly in New York City. A substantial and growing proportion of young New Yorkers live in a household headed by a recent immigrant. By the year 2000, non-Whites and Hispanics will account for about 60 percent of New York City's population. More children now live in single-mother families than was true in 1970, and "traditional" family structure no longer characterizes the majority of families. This trend is expected to continue with single parent households accounting for almost one-third of all households by the year 2000. The number of children living with a never-married mother in New York increased by 136 percent since 1970. Most of the growth in single parenthood is due to changes in marital behavior; Whites tend to marry and increasingly divorce, whereas Blacks are increasingly likely never to marry at all.

Poverty among families with children has increased since 1970 more rapidly in New York State than in the United States as a whole. About half of families headed by single women and containing children have incomes that fall below the poverty line. Two-thirds of such families headed by never-married mothers have incomes below the poverty line, as do virtually all single

mothers below the age of 20 years. Incomes of Black and Hispanic families with children declined significantly during the 1970s and their children are three and four times, respectively, as likely as White children to live in families with incomes below the poverty line. The poverty rate for children is higher than for any other age group, and it has been increasing whereas poverty among the elderly has been dramatically reduced. To the "feminization of poverty" we must now add "the pauperization of children" as an important development of the past decade.

Aid to Families with Dependent Children (AFDC), the major federal program of public assistance to poor families, is the only federal entitlement program that has never been indexed to inflation. As a result, from 1970 to 1985, real AFDC benefits declined by one-third. The poor have benefitted little from the recent increases in spending on social programs because most of the money has gone to programs for the elderly and the disabled. AFDC payments accounted for only about four percent of the government's expenditures on public assistance and social insurance, whereas social security payments to the elderly took 37 percent of the total.

Inequality in income distribution among households with children has increased in recent years. In New York, the most affluent fifth of households had a median income five times that of the poorest households in 1969; by 1979, that value had increased to eight times. Most poor people work for pay and earn most of their income. Even among poor, female-headed families with children, two-thirds of these women work for pay and one-third are employed full-time, producing 40 percent of their income. From 1979 to 1986, the number of Americans paid on an hourly basis who earned so little that full-time, year-round work could not lift a family of three out of poverty jumped from 2.8 million to nearly 15 million.

The homeless population continues to grow with increasing numbers of young adults, women, minority persons, families with children, and youth alone. Young children, mostly from racial minorities and usually with their mothers, are the fastest growing element in the nation's homeless population.

Women are working for pay outside the home in increasing numbers. By 1985, more than half of all mothers of young children were in the labor force and, of those who worked, 70 percent worked full time. Analyses of census data indicate that the need for substitute child care in New York State is very great and growing. Children over one year of age suffer no negative consequences from experience in high-quality center day care and many children, especially those from disadvantaged backgrounds, show positive developmental gains. Quality child care is expensive. In New York, two-thirds of all child care of women working full-time in 1984-85 was provided in their own or another's home rather than in center care. Access to subsidized child care for the children of low-to-moderate income parents who are striving to achieve self-sufficiency is a critical problem. New York City, which has the most extensive program of subsidized child care, serves fewer than 20 percent of all low-income children. The rest of the state served less than ten percent of the poor. Head Start programs served fewer than 15 percent of the state's income-eligible children.

Enrollment in New York State's schools dropped by one-quarter in recent years and a further decline is expected through the early 1990s, followed by a rise to approximately the 1985-86 levels by 1994-95. Over one-third of all New York State students in 1985-86 were from minority populations and trends indicate that recent decreases in enrollments of White students in New York City public schools accompanied by increases in Hispanic enrollments are likely to continue, with Black enrollments remaining about the same but Hispanic enrollments increasing to the year 2000.

Shortages of qualified school teachers appear imminent and present shortages of qualified minority teachers will become even more serious because minority enrollments in colleges have dropped. Reliance upon local school district support for the greatest share of educational financing is mainly responsible for wide discrepancies in per-enrolled-student expenditures among school districts.

Dropout rates are high statewide and much higher in New York City and among racial/ethnic minority students. Almost one-third of all New York State students entering high school do not graduate, and the rate is three times as high in New York City. Among students from minority group families, drop-out rates exceed twice the rate for Whites.

For the United States as a whole, the 1985 infant mortality rate was higher than the rates in 16 other countries and New York State's infant mortality rate was among the highest in this country. The United States ranks 17th among 23 other countries with reliable data on incidence of low birth weight. In New York State, seven percent of the state's infants born in 1985 were at low birth weight and non-White infants were twice as likely as White infants to be born at low birth weight. In New York State, nine percent of all babies born in 1985 were to women who received late or no prenatal care; only three states and the District of Columbia had worse records. For Blacks, the percent in New York (18.1) is the highest of all 41 states with Black populations large enough to report a rate.

In New York State, immunization against childhood diseases ranged from 94 to 98 percent of all school-aged children but younger children here, as in the United States generally, were immunized at much lower rates. New York State is the home of two-fifths of all children under 13 in the United States who have contracted AIDS and all but a few of them live in New York City.

Hunger in America and in New York State is a growing problem. In New York State, over 1,200 nongovernmental programs of food relief were in operation and expanding in 1985. Of the more than 5,000 persons served by food emergency services in East Harlem, Brooklyn, and the Bronx in 1984, almost two-thirds were children under the age of 18. Changes in federal policies during the 1980s made nutrition programs less accessible to poor people. The Women, Infants, and Children (WIC) program serves only 44 percent of the eligible persons in New York.

In comparison with all other Western industrialized countries, the United States has the highest rates of school-age pregnancy, abortion, and child-bearing, although the amount of sexual

activity of adolescents in these countries is similar. In New York State, the upward trend in school-age pregnancy rates was halted in 1983. The absolute number of both pregnancies and births to adolescent females declined from 1980 to 1985.

Both national and New York State data indicate that the number of registered reports of child abuse have increased appreciably and that registered reports of child maltreatment have increased dramatically since 1974, the latter outnumbering the former by a ratio of nine to one. Subsequent investigation of these reports found credible evidence of child abuse or maltreatment in about two-fifths of the cases.

Over one-quarter of secondary students in New York drink alcoholic beverages in amounts and with frequencies such that they are considered moderate or heavy drinkers and a similar proportion of these students reported using marijuana. The use of "crack" appears to be a serious and growing problem.

Non-White adolescent pregnancy rates in New York are approximately 2.5 times the level for Whites. In 1985, New York was one of the five worst states in the United States on number of Black babies receiving no or late prenatal care and non-White infants are twice as likely as White infants to be born at low birth weight. Minority-group women in the United States are four times as likely as White women to die of pregnancy and childbirth-related conditions.

Family income of Black and Hispanic families in New York State dropped substantially more than that of White families in recent years. Although Blacks and Hispanics comprise only 30 percent of New York's child population, they make up over half of the State's poor and near-poor children. The unemployment rate of Black teenaged youth in New York approximates three times that of White youth.

Problems tend to occur not in isolation but in clusters. For example, an unmarried school-age mother is unlikely to complete high school, which limits her earning capacity, virtually assuring that she will live in poverty and that both she and her offspring will be unlikely to have proper nutrition, medical care, or adequate housing.

There are marked variations in conditions according to neighborhood or area of residence. In particular, poverty and its frequent accompaniments in poor housing, poor nutrition, inadequate health and prenatal care, poor schools, high incidence of school drop-outs, school-age pregnancy and child bearing, unemployment, long-term welfare dependence, drug abuse, crime, and delinquency are concentrated in certain geographical areas, often in the central regions of New York's largest cities.

The unfavorable conditions in which too many of New York's children live, as summarized above, raise serious questions about the extent to which we, as adults responsible for the children

and youth of the state, value children and fully recognize and appreciate the long-range implications for the future of the state that follow from our failure to correct the conditions that are crippling their development and leaving them inadequately prepared to meet society's challenges as the new century opens.

The hard facts documenting the unsatisfactory conditions in which many New York children and families live today may indicate that society places less value upon children than is generally assumed. A society that values children highly would not allow so many of its children to live in poverty, to be ill housed, ill fed, poorly educated, and to receive inadequate health care. Nor would a society that understands the importance of the welfare of its children to its own future remain so apparently indifferent to the destructive conditions that impair development and prevent the attainment of full potential of so many children.

The unsatisfactory conditions of life for many New York State children today are presumably the result of society's reluctance or inability to mount effective policies and programs that would have prevented or them from ever arising or reduced them far below their present levels. One frequently hears that the costs of better alternative policies and programs are just too high, that the State simply cannot afford to do what would be required to eliminate such poor conditions. This, however, may be a short-sighted view, looking only at the immediate costs and failing to consider adequately the long range costs of failure to correct today's problems. Action today to build options for families and children that enable the developing child to become the independent, contributing citizen that New York State will need in the year 2000 and beyond will cost society far less than continuing the present policies and practices that are responsible for creating such deplorable conditions among the children of New York.

Significant, even substantial, dollar savings to society in the long run can be realized by present investment of more public and private funds in several programs of clearly demonstrated effectiveness. Among these are programs that provide

(a) young people with information and supplies for controlling their own fertility;
(b) prenatal care for all pregnant women;
(c) immunization of all young children against diseases of childhood;
(d) adequate nutrition for pregnant women;
(e) early education on the model of Head Start for all eligible children;
(f) compensatory education for educationally disadvantaged and elementary school children;
(g) means for keeping more students in school for more years; and
(h) remedial education, training, and well-structured work experiences for young people who need such assistance.

Such programs are based upon three principles:

(1) responsibility for the welfare of children is shared by the family and society more generally;
(2) prevention is of primary importance; and
(3) these problems require broad, community-wide approaches involving all segments of society in developing a new sensitivity to the welfare of children and families that recognizes the profound consequences for them, and ultimately for society, of present unsatisfactory conditions.

Although it is clear that New York State faces serious problems in improving the chances for healthy development of many children, there is no cause for despair or feeling overwhelmed by the enormity of the tasks before us. There is strong evidence of recent, widespread, and serious concern for addressing the problems of New York's and the nation's children. Several major efforts are currently underway in New York alone. There is also clear evidence that a great deal is already known about how to address the problem conditions that now threaten so many of our children. Numerous specific programs that demonstrate effective ways of addressing these problems are currently in operation right here in New York State. Many such programs share several operating principles in common:

(1) comprehensiveness and flexibility in the provision of services;
(2) personalized attention of program staff;
(3) ready availability or accessibility of services;
(4) recognition of child and family in context; and
(5) responsible involvement of clients in the program.

THE IMPORTANCE OF NEW YORK'S CHILDREN

The importance of New York's children is based upon both humanitarian and utilitarian considerations. In the first place, children are important in their own right. Each is important as an individual human being with equal rights to life, liberty, and the pursuit of happiness and the dignity and respect properly accorded to every human being. It is we who brought the children into this world and it is we who must see that they get a decent start in life. It is every child's birthright to grow up in a secure, wholesome, nurturing environment that maximizes the child's chances of developing to his or her full potential. Children are necessarily dependent upon adult society for their health, safety, education, and welfare. It is our moral obligation to provide for their basic needs.

Beyond such humanitarian imperatives, however, is the fact that investment in children's development is investment in the future of society. With increasing frequency we encounter public recognition that the future of the nation depends upon the health, competence, wisdom, and social effectiveness of those who today are the nation's children. For example, Marion Wright Edelman of the Children's Defense Fund recently addressed the issue of the cost to society of our failure to give today's children adequate preparation for the responsibilities of tomorrow:

> . . . It is . . . in our self-interest to ensure that not just our own children but their contemporaries and their children are healthy, educated, productive, and compassionate. . . . Our children are not only a precious resource but an increasingly scarce one. Until recently, America's youth population has been relatively plentiful, allowing our society to survive and our economy to grow, despite the waste of many young lives through society's neglect. We no longer have that margin for error. The ratio of workers to retirees has shrunk and will continue to shrink in the coming decades. One in three of those potential workers is minority.
>
> In the next century we will need the contributions of every child in the United States today. Yet we are far from meeting our national and community responsibilities to all children to make that possible. This is a perilous course, for the future is being shaped right now. The potential high school graduate in the year 2000 is now a preschooler . . . (Edelman, 1987, pp. 30-31).

And Fred Hechinger recently made the same point even more bluntly:

> We have raised too many children without allowing them expectations for success, without giving them hopes of useful lives ahead. To continue to do so, in an era that has no economic or social use for the uneducated, is to court disaster (Hechinger, 1986, p. 156).

Although the family carries the major responsibility for raising children, society at large has a vital interest in seeing that all New York children receive adequate preparation for the responsibilities that they must carry as adults in the 21st century. Ruopp and Travers describe the shared responsibility of families and government for the welfare of children:

> The duties of government are more than merely protective. . . .government has a positive responsibility to promote twin goals: full employment for parents and the sound development of the young. Self-sufficient families contribute to the near-term economic well-being of the country; healthy children are the critical long-term resource for a strong and stable nation (Ruopp and Travers, 1982, p. 91).

New York cannot afford to have any of its children grow up ill-fed, ill-housed, ill-clothed, or without adequate health care and education. In its own interest, society must provide the supports families need in meeting their child-rearing responsibilities and, where necessary, society must arrange for appropriate substitutes for families that are unable to provide their children with the conditions minimally necessary for healthy child development. To do less is to place the future of New York State in grave jeopardy. This was the message that Governor Cuomo brought in his State of the State address in January of 1988:

> For most of this century, New Yorkers called for public assistance to low income families and children because it was the right and compassionate thing to do. Over the last generation, we began to understand that the provision of effective, efficient and accountable public services to assist low-income families and children was essential to our own self-interest. Today, it is even more evident that public and private efforts on behalf of families and children are no longer just a matter of self interest, they are a matter of economic survival in the twenty-first century (Cuomo, 1988, p. 5).

THE CONDITIONS OF NEW YORK'S CHILDREN TODAY

There are many indications that Americans, including New Yorkers, care about children. The best evidence of this is the vast amount of work that parents and families routinely do in supporting and caring for their children. The most important resource for children is their parents who, through their dedicated work and affection, provide services to children that society could not match with any array of public services (Moroney, 1986, p. 12). The work that families do in caring for their children is an "in kind" contribution to society that is worth incalculable billions of dollars.

To support and supplement the vitally important work of families in raising children, society maintains a broad range of public programs and facilities that serve the needs of children and families. These constitute further evidence that society cherishes its children. Among these are child labor laws, free and compulsory public education, child protective services, programs at all levels of government that serve children, laws requiring vehicles to stop for stopped school busses, White House conferences on children, organizations to promote child development (Scouts, Campfire), and scores of private and public organizations dedicated to the welfare of children and families. Political conservatives and liberals alike make plain their concern for children and families. President Reagan issued Executive Order 12606 of September 2, 1987, entitled "The Family," directing all executive departments and agencies of the federal government to assess the impact of policies and regulations on family formation, maintenance, and well-being in an effort to protect and support the stability of the family and the ability of parents to provide for the education, nurture, and supervision of their children. More recently, Governor Cuomo has declared the next ten years to be "the decade of the child" (Cuomo, 1988, p. 5). New Yorkers can take justifiable pride because the programs and services it provides in support of children and families are among the best in the nation.

Indeed, New York State has enacted a series of laws over the past several years that have greatly improved a number of important services to children and families of the State. For example, starting in 1979, New York State, in cooperation with the Civil Service Employees Association, has provided start-up and administration support of 31 day-care centers at state facilities. Since 1982, New York State has committed $4 million to the development of this Empire State Day Care Services Network (NYS Commission on Child Care, 1987). This was recently described as "By far the most ambitious and successful statewide program" in a report on child care prepared by the United States Department of Labor (United States Department of Labor, 1988, p. 140). Another example is seen in New York State's Experimental Pre-Kindergarten program, "a state-funded public school program for children 3 through 5 years of age from families who are economically disadvantaged. It provides comprehensive health and social services, parent involvement, and a developmental program" (NYS Council on Children and Families, 1988, p. 83). These part-day-care programs are operational in about "10 percent of the state's local school districts and enrolled 9,300 children aged 3 or 4 years in 1985-86" (NYS Council on Children and Families, 1988, p. 90-91).

The state spent about $17 million on this program in 1985 (NYS Commission on Child Care, 1986). In addition, New York State provides numerous other programs to strengthen families and improve conditions for child development, e.g., Infant Health Assessment Program, Low Income Day Care, Teen-Age Parent Day Care, Transitional Child Care, and Child Care Resource and Referral Services (Statewide Youth Advocacy, 1988). In 1988, Governor Cuomo proposed and the State Legislature approved the Liberty Scholarship plan under which no young person in the state would be deprived of the privilege of attending college for lack of funds alone.

Most of the children of New York and the United States live under healthy, safe, clean, and educationally sound conditions that provide good preparation for assuming the responsibilites that will be theirs in the 21st century. However, economic, social, and political developments of the past decade and beyond have combined to create or aggravate unsatisfactory conditions in the lives of too many New York children. The most recently available evidence indicates that the number of children in New York State now living in families with incomes below the established poverty line is one in four children and the trend appears to be headed toward one in three. Children of young parents and children in minority families are even more likely to be poor. For such children, the minimal requirements for healthy development are not being met. Society is now failing such children and they will surely fail society in the 21st century because they will lack the health, the education, the skills, and the competence to do the work society must have done and to discharge their responsibilities as citizens and parents. Thus our treatment of New York's children today places society at risk tomorrow. Governor Cuomo's 1988 State of the State address pointed to the challenge:

> New York's children are in danger. They are threatened by poverty, inadequate education, even terrible physical and mental abuse.
>
> The statistics are frightening:
>
> —in 1980, one in five New York children lived in poverty; by 1984, the proportion had grown to one out of every four; for minority children, one out of two is poor;
>
> —over 500,000 children have no health care coverage;
>
> —approximately 700,000 children have inadequate food and are at risk for nutritional deficiencies;
>
> —more than 24,000 children dropped out of New York City's high schools in 1985-86;
>
> —over 760,000 young adults are believed to be functionally illiterate.
>
> Too many children bear children; too many children lack decent and safe housing; too many children receive inadequate education. They are our future. We have no time to lose. . . . The problem is pervasive and deep. It demands nothing less than a bold and broad commitment of government at all levels, in partnership with the whole community.
>
> With that in mind, we must make a commitment to our children, in every conceivable way. Not just this year, not just next year; we must make the next ten years, the Decade of the Child (Cuomo, 1988, p. 5).

Our study of the evidence concerning the conditions in which New York's children live in 1989 convinced us that this report could be of greatest value to New York if it focussed upon the population of New York children who live under conditions that provide them with an inadequate basis for healthy growth and development. Because these are the kinds of conditions that must be changed if all of New York's children are to have a decent chance to develop into the healthy, competent adults that New York will require in the 21st century, these are the conditions addressed in this report.

In the remainder of this section, we summarize briefly, in general terms, and without documentation or citations of sources, some aspects of these conditions that seem to us to be especially important. Within the resources available for completing this report, it was not possible to give adequate consideration to all of the conditions relevant to the status of New York's children. And the issues involved are extremely complex; there is an extensive literature on many of them, e.g., poverty, single-parent families, child care, delinquency, school-age pregnancy, housing, unemployment. Thus comprehensive, thorough treatment of these issues is beyond the scope of this report.

What follows, therefore, is a selective treatment of conditions that, in our judgment, most urgently require the attention of New York's decision makers. Moreover, the treatment of each of the conditions more nearly resembles an executive summary than a comprehensive, fully detailed analysis.

Documentation and detailed statements of these and related conditions are presented in the Appendix. Citations to useful sources of information are included in the Appendix as guides to more complete discussions of the issues involved and the relevant empirical evidence. For this documentation, we have thought it appropriate to utilize both primary and secondary sources. We have drawn heavily upon reports of work performed by the New York State Council on Children and Families, particularly the recently issued *The State of the Child in New York State, 1988* (identified herein by the abbreviation SOCNY), the reports of the New York State Commission on Child Care, reports of other Project 2000 studies, the published research literature on the status of children and families, and on advice from members of the advisory panel for this study and other consultants.

Both here and in the Appendix the conditions are considered under the following nine headings:

(1) demographic trends, including family structure;
(2) economic conditions, including poverty, employment, child-support, and housing and transportation;
(3) child care;
(4) education;

(5) health and nutrition;
(6) school-age pregnancy and childbearing;
(7) child abuse and maltreatment;
(8) drug and alcohol abuse; and
(9) racial/ethnic inequality.

Demographic Conditions, Trends, and Projections

> In our view, it is virtually impossible to exaggerate the importance of the problematic status of children in the New York of the future. The status of children is threatened by deterioration at the same time as they will become fewer in number and thus individually and collectively more valuable as a human resource. If this issue is not addressed, the young adults who enter the labor market early in the next century may not be equal to the challenges it will pose. This will be a time, moreover, when the state (and the nation) will depend crucially on the productivity of its labor force. The children of the last decades of the twentieth century will form the core of the labor force in the early decades of the twenty-first century, as the enormous baby-boom generation retires, testing the state's economic strength as never before (Alba and Trent, 1988, p. 149).

Children are becoming fewer in number and they comprise a smaller proportion of the total population, both in New York City and across the state than they did in 1970. Projections through the year 2000 indicate that these trends will continue, although the decline will slow. Three factors appear to be responsible for these changes: (1) a decline in the number of births each year; (2) the large number of youths in the baby-boom generation who reached adult status during the 1970s; and (3) the net loss during the 1970s of 127,000 children through migration to other states. Two-fifths of the children of New York live in New York City and this is not expected to change.

New York is one of the most ethnically diverse states in the nation—only California and Hawaii have a greater claim to diversity. And New York's diversity is increasing, partly because minority and immigrant populations are younger and have higher fertility rates. It is projected that, in the near future, four of every ten babies born in New York will come from minority groups.

Blacks, Hispanics, and members of other minority groups comprise a growing proportion of all children in New York State and particularly in New York City, where they comprised 63 percent of the children in 1980, up from 49 percent in 1970. In 1980, one in every eight New Yorkers under the age of ten was in a household headed by a recent immigrant; this was true for one in every four young children in New York City. This trend is expected to continue into the 21st century; by the year 2000, non-Whites and Hispanics will account for about 60 percent of New York City's population (all ages).

More children now live in single-parent (mostly mother only) families than was true in 1970 and "traditional" family structure—a married couple with children in which the father is the sole

provider—no longer characterizes the majority of families. This trend is expected to continue; by the year 2000, single-parent households are projected to account for almost one-third of all households in New York. These trends are even more pronounced in New York City than in the rest of the state regardless of racial/ethnic category of the family. Higher proportions of Black and Hispanic than of White children live with a single parent.

The number of children living with divorced mothers in the United States more than doubled since 1970, and the number living with never-married mothers more than quadrupled. A similar pattern occurred in New York State but here the number of children living with a never-married mother increased by only 136 percent. Nearly half of New York's Black children in single parent families were living with a never-married parent.

Most of the growth in single parenthood is due to changes in marital behavior; Whites tend to marry and increasingly divorce, whereas Blacks are increasingly likely never to marry at all.

In households with children, the average number of children declined between 1970 and 1980 and has remained fairly stable since then. This decline was greatest in Black households but was common to other ethnic groups as well.

Economic Conditions

> Poverty is a longstanding national problem, the character, causes, and consequences of which are constantly changing. Once dominated by the elderly and two-parent families, poverty is now increasingly concentrated among women and children, people with limited education, and central-city residents. Moreover, this new poverty is largely immune to economic growth, historically the most effective remedy for poverty.
>
> Over the past fifteen years changes in the composition and character of poverty reveal two very different phenomena. For most people, poverty is a short-term condition resulting from job loss, divorce, or other unexpected change in circumstance. But for a growing number of people, poverty is a near permanent condition. Although they constitute less than 12 percent of all poor Americans, the persistently poor account for a majority of the total amount of time all people spend in poverty.
>
> The shifting character of poverty is symptomatic of more fundamental changes in American society, where economic disparities are widening between single-parent and two-parent families, between inner-city and suburban residents, and between college graduates, high school graduates, and school dropouts. These trends imply a startling loss of social mobility. In particular, they threaten a venerable American value: the opportunity for all children to improve upon the status of their parents by obtaining more education, better jobs, higher earnings, and eventually a higher standard of living (Ford Foundation, 1988, p. 1).

Poverty among families with children has increased since 1970 more rapidly in New York State than in the United States as a whole. In New York, 27 percent of the children live in households

with incomes below the federally established poverty line as compared with 21 percent for the United States nationally.

About half of families containing children that are headed by women alone have incomes that fall below the poverty line. Two-thirds of such families headed by never-married mothers have incomes below the poverty line as do virtually all single mothers below the age of 20 years. Incomes of Black and Hispanic families with children declined significantly during the 1970s, whereas the incomes of White families with children were stable. Black and Hispanic children are three and four times, respectively, as likely as White children to live in families with incomes below the poverty line both in New York and nationwide. In New York, the poverty rate for children is higher than for any other age group and it has been increasing, whereas poverty among the elderly has been dramatically reduced. To "the feminization of poverty" we must now add "the pauperization of children" as an important social development of the past decade.

Single mothers with children have high poverty rates for three reasons: (1) they have low capacity for earning money; (2) they receive inadequate child support from absent fathers; and (3) the benefits they receive under welfare programs are meager.

Public assistance to poor families with children still leaves them with incomes below the poverty line. Aid to Families with Dependent Children (AFDC), the major federal program of public assistance to poor families, is the only federal entitlement program that has never been indexed to inflation. As a result, from 1970 to 1985, real AFDC benefits declined by one-third. The poor have benefited little from the recent increases in spending on social programs because most of the money has gone to programs for the elderly and the disabled (social security, Medicare, Medicaid). AFDC payments accounted for only about four percent of the government's expenditures on public assistance and social insurance whereas social security payments to the elderly took 37 percent of the total. Although we all recognize the folly in trying to solve social problems just by "throwing money" at them, the reduction in poverty among the elderly is largely a result of paying greatly increased social security benefits—from some $29 billion in 1960 to almost $105 billion in 1980.

Inequality in income distribution among households with children has increased since 1969. Between 1979 and 1984, average family income for the poorest fifth of all families with children in the United States plunged almost 24 percent, adjusting for inflation. In New York, the most affluent fifth of households had a median income five times that of the poorest households in 1969; by 1979, that value had increased to eight times. The poorest households with children were both absolutely and relatively poorer in 1979 and this trend appears to be continuing.

Most poor people in the United States are employed for pay. Among the nonelderly poor in male-headed families, 75 percent of income is from earnings. Even among poor, female-headed families with children, two-thirds of these women work for pay and one-third are employed full

time producing fully 40 percent of all their income. In New York State, earnings are the chief but declining determinant of the economic status of most households with children.

Using nationally representative samples, studies that monitor incomes of the same persons for several years show that most of the people helped by programs to aid the economically disadvantaged use them only briefly (two years or less) but that the bulk of resources goes to a much smaller group of people who have very long stays in poverty. The evidence from such studies suggests that the welfare system does not foster reliance on welfare so much as it acts as insurance against temporary misfortune.

National data indicate that few children living with their divorced or separated mothers who are entitled to child support from their noncustodial fathers receive a reasonable amount. In New York State, however, collections from absent fathers of families on public assistance have increased substantially in recent years.

Almost half of all New York teen-agers were employed or looking for work in 1980 but nearly two-fifths were unemployed—15 percent of White youths but 42 percent of Black youths. Unemployment problems for teenagers were more severe in New York City. Only about one in four young Black males in the United States were able to earn enough money to support a wife and one child in 1984, down from over half of them in 1973. From 1979 to 1986, the number of Americans paid on an hourly basis who earned so little that full-time, year-round work could not lift a family of three out of poverty jumped from 2.8 million to nearly 15 million.

The homeless population continues to grow with increasing numbers of young adults, women, minority persons, families with children, and youth alone. Young children, mostly from racial minorities and usually with their mothers, are the fastest growing element in the nation's homeless population. In New York State, persons who have lost their own homes and are doubled up with friends or relatives or are in temporary housing, number more than 500,000. In New York City, families on welfare are often housed for months in "temporary" shelters—welfare hotels at costs of $24,000 per year per family.

Child Care

> We discovered, as the study progressed, . . . [that] the fundamental problem goes well beyond the concerns of women or of women and children. It is more than a problem of changing sex roles, even when broadly defined. Instead, the most appropriate definition of the problem is that of the tension between work and family life for all adults who expect to—or want to—bear and rear children and for societies which, if they are to survive, need children (Kamerman and Kahn, 1981, p. 246).

Women are working for pay outside the home in increasing numbers. By 1985, more than half of all mothers of young children were in the labor force and of those who worked, 70 percent worked full time. By 1990, over half of America's fathers will have working wives and almost half of the labor force will be parents of children under 18.

Analyses of census data indicate that the need for substitute child care in New York State is very great and growing. It is estimated that at present hundreds of thousands of New York children are regularly placed in unregulated child-care arrangements or are left to care for themselves for a substantial part of most workdays.

The best research evidence now available indicates that when center day-care programs are of high quality, i.e., have small groups, high proportions of staff to children, and well-trained caregivers, no negative consequences are found in most children over one year of age and many children, especially those from disadvantaged backgrounds, show positive developmental gains, particularly in social competence. National data show that child care in group centers has increased six-fold between 1958 and 1985.

Because research evidence on the impact of center care on infants in the first few months of life is inadequate, specialists in infant development recommend that parents have the option of providing infant care themselves during the early months. Although this option is rarely available to working parents in this country, every other industrialized Western nation provides some form of paid infant care leave for working parents in the first few months of their baby's life.

Quality child care is expensive. In New York, two-thirds of all child care of women working full-time in 1984-85 was provided in their own or another's home rather than in center programs. Access to subsidized child care for the children of low-to-moderate income parents who are striving to achieve self-sufficiency is a critical problem. Statewide, there are more than half a million single-parent families, 90 percent of them headed by women, more than half of them poor, yet only one out of five children whose families earn less than $15,000 a year receives a governmental child-care subsidy. In 1985, about half of all public funds in support of child care benefited primarily middle- and upper-income families through federal and state child-care tax credits. Poor families, those with the greatest need for assistance with child care, could not benefit from this program because their incomes were too low. New York City, which has the most extensive program of subsidized child care, serves fewer than 20 percent of all low-income children. The rest of the state served less than 10 percent of the poor. Head Start programs served fewer than 15 percent of the state's income-eligible children.

Education

> . . . in an earlier era of industrialization our nation could tolerate a sink-or-swim attitude toward those in school. Not only could American industry absorb massive numbers of

unskilled laborers, but the nation's economy thrived on the endless supply of labor available. Until the 1950s, fewer than 50 percent of students graduated from high school. A strong back and a pair of deft hands could secure a decently paid factory job or help run a farm.

The technological revolution and intensified global competition have brought dramatic and irreversible changes to the job market. The nation's manufacturing sector has become more productive, but, at the same time, its jobs rely less and less on unskilled, manual labor. As production processes depend increasingly on computers and other sophisticated machinery, manufacturing jobs demand greater intellectual ability. Likewise, jobs in the growing service and knowledge industries, by their very nature, require more literate workers with good problem-solving skills—workers who have learned how to learn (Committee on Economic Development, 1987, p. 5).

Enrollment in New York State's public and nonpublic schools dropped by one-quarter from 1970-71 to 1985-86. A further slight decline is expected through the early 1990s followed by a rise to approximately the 1985-86 levels by 1994-95.

Over one-third of all New York State students were minority group members in 1985-86, up from 23 percent in 1970-71. In New York City, 78 percent of the students enrolled in public schools were either Black, Hispanic, or Asian in 1985-86. Between 1970-71 and 1985-86, enrollments of White students in New York City public schools declined sharply, from about one-third to one-quarter of all students, whereas Hispanic student enrollments grew from one-quarter to one-third of all students during the same period; Black enrollments remained stable at about one-third of the total number. Projections to the future are problematic but suggest that these trends are likely to continue but with Hispanics comprising a larger proportion of the total by the year 2000.

Shortages of qualified school teachers appear imminent. Low salaries, the retirement of large numbers of older teachers, and the opening of opportunities in other fields for women and members of minority groups contribute to this problem. The field of teaching attracts a high proportion of students who receive low scores on standardized tests of academic achievement. Present shortages of qualified minority teachers will become even more serious because minority enrollments in colleges have dropped substantially since 1980, due in part to the decrease in federal student aid between 1981 and 1986. This will make it less likely that students in the future will be taught by teachers of the same race/ethnicity. Even now, in New York City, the proportion of Black students is more than double the proportion of teachers who are Black and the proportion of students who are Hispanic is more than four times the proportion of faculty who are Hispanic. In the rest of New York State, about 10 percent of public school students are from Black, Hispanic, or Asian families but almost all (97 percent) teachers are White.

In New York State, reliance upon local school district support for the greatest share of educational financing is mainly responsible for wide differences in per-enrolled-student expenditures among school districts; the highest district outspends the lowest by a factor of more

than 16 and the districts at the 90th percentile spend more than twice as much as those at the tenth percentile. In the face of such discrepancies, it is hard to claim that New York State maintains equal educational opportunity for all its public school students, even though New York State ranks third among all the states in average expenditures per student attending public schools.

The great ethnic diversity of children in New York creates instructional problems for the schools because they must deal with a wide diversity of languages, some of them exotic languages. Students from households where a language other than English is spoken are at greater risk of having academic difficulty than their native English-speaking classmates. Although the provision of special language services to students with limited English proficiency is mandated by federal law, only about a third of language-minority students received such services in 1985 in New York State. A major problem here is the insufficient number of teachers with foreign language competence.

In 1985, about one-fifth of New York's elementary school students scored poorly on the standardized achievement tests in reading and math at both grade 3 and grade 6 levels. New York City had the highest percentage of children receiving low scores (approaching half the children).

Dropout rates are high statewide and much higher in New York City and among racial/ethnic minority students. Almost one-third of all New York State students entering high school do not graduate and the rate is three times as high in New York City. Among students from minority group families, dropout rates exceed twice the rate for Whites.

Health and Nutrition

> Without dismissing the importance of such [recent] gains, one can cite at least three compelling reasons for an assessment of strategies for further improving American children's health. First, the evidence suggests that the United States is not doing as well as it could in preventing health problems in children, despite improvements to date. Second, prevention or treatment of health care problems in early childhood can benefit a child for a lifetime, and, conversely, failure to prevent such problems can be costly to the child, the child's family, and the Nation. Finally, the burdens of illness, disability, and death are not borne evenly. Some American children are at particularly high risk for poor health, and many of them have only limited access to medical services (United States Congress, Office of Technology Assessment, 1988, p. 3).

For the United States as a whole, the 1985 infant mortality rate was higher than the rates in 16 other countries. For Whites, the rate was 10 per 1,000 births and for Blacks, 19 per 1,000. For New York State, the infant mortality rate in 1985 was 10.7 deaths per 1,000 live births, down from the 1970 rate of 19.4. Despite this progress, New York's infant mortality rate was among the highest in the country. Mortality rates tend to be higher in large cities; New York City's 1985 rate of 12.8 placed it among cities with the highest rates in the country.

Infants born at low birth weight are at serious risk of death in the first year or many later developmental health problems such as mental retardation, vision and hearing defects, and lung problems. In 1982, the United States ranked 17th among 23 other countries with reliable data with respect to the percentage of infants born at low birth weight. The United States rate for Whites (5.7 percent) placed it twelfth behind countries such as Japan, France, Ireland, and Belgium. The United States rate for Blacks (12.6 percent) placed it in last place behind countries such as Korea, Colombia, Costa Rica, and Hong Kong.

In New York State, although the rate has improved in recent years, still seven percent of the state's infants born in 1985 were at low birth weight and non-White infants were twice as likely as White infants to be born at low birth weight.

Proper prenatal care is important in reducing the incidence of low birth weight babies and infant mortality. Infants born at normal weight whose mothers began prenatal care early in pregnancy had a risk of mortality only about one-third as high as those born to mothers who received no prenatal care. Nationally, the percentage of babies born to women receiving late or no prenatal care dropped to 5.1 in 1980, then rose to 5.7 in 1985. This pattern held for both White and Black infants but the rates were dramatically different: 4.7 percent for Whites and 10.0 for Blacks. For women aged 19 and under, the comparable rates were much higher.

In New York State, 9 percent of all babies born in 1985 were to women who received late or no prenatal care; only three states and the District of Columbia had worse records. For Blacks, the percent in New York (18.1) is the highest of all 41 states with Black populations large enough to report a rate. These percentages have been about the same each year since 1978. The rates for teenage mothers in New York State are similarly high.

Despite the well-known cost-effectiveness of immunization of children against the common diseases of childhood (smallpox, measles, diptheria, tetanus, pertussis, polio, rubella, mumps), the percentages of American children in 1985 who were fully immunized fell substantially below the objective of 90 percent set for 1990 by the U. S. Surgeon General in 1978. One important factor contributing to the failure to meet this objective is the skyrocketing cost of the required vaccines in recent years. Most vaccines cost two to four times as much in 1986 as in 1980 (corrected for inflation). The percentage of infants under one year of age who are immunized in the United States is less than half that in other industrialized Western countries. Higher percentages of older than younger United States children are immunized, largely because all states require immunization before admission to school. In New York State, immunization levels of school-age children in 1984-85 ranged from 94 percent in New York City to 98 percent elsewhere.

Of all the children in the United States through age 13 who had contracted AIDS in 1987, usually from their infected mothers, nearly two-fifths lived in New York, all but a few in New York

City. Over half of these were Black, one-quarter Hispanic. The number of pediatric cases of AIDS in New York has increased explosively, from only 22 in 1983 to 166 in 1986.

In 1986, almost one-fifth of New York's children and youth under the age of 20 were without health insurance coverage. Of these children, 74 percent were in poor, near poor, or low-income families.

Research on childhood psychopathology indicates that the rate of psychiatric disorder in the general population ranges between 12 and 18 percent with substantial variations across sex, age, social class, ethnic group, and region. Almost all psychotic children are known to some treatment facility, but most clinically maladjusted children do not receive treatment.

Hunger in America and in New York State is a growing problem. There is good evidence that inadequate food supplies in homes across the country are sending ever increasing numbers of poor people to public food pantries and soup kitchens operated by both public and private agencies. In New York State, over 1,200 nongovernmental programs of food relief were in operation and expanding in 1985 with one or more programs in every county of the state.

Food emergencies in East Harlem, Brooklyn, and the Bronx in 1984 were found to stem from unemployment, the impact of inflation on welfare grant levels, and the city's policy of closing large numbers of welfare cases monthly for administrative reasons. Of the more than 5,000 persons served by food emergency services in these three boroughs in 1984, almost two-thirds were children under the age of 18.

Changes in federal policies during the 1980s made nutrition programs less accessible to poor people. The School Lunch, School Breakfast, Child Care Feeding, and Summer Food Programs were cut nearly 30 percent between 1982 and 1985. In New York, this meant that 150,000 children were dropped from the School Lunch Program. Similarly, federal cuts meant that the Food Stamp Program serves many fewer persons, only about half of all eligible persons. The Women, Infants, and Children (WIC) program serves only 44 percent of the eligible persons in New York.

School-age Pregnancy and Childbearing

Adolescent pregnancy and childbearing are matters of substantial national concern. Even the analysis and descriptions of these phenomena, much less prescriptions for altering present trends, are highly controversial. And it is all too easy to avoid or to deal only obliquely with issues that arouse so many deep-seated emotions and convictions. There is, nonetheless, broad agreement that the personal and public costs resulting from unintended pregnancies and untimely birth are far too high to countenance an indifferent response. Discontinued educations, reduced employment opportunities, unstable marriages (if they occur at all), low incomes, and heightened health and developmental risks to the children of adolescent mothers are a few of the most obvious and immediate personal costs.

> Sustained poverty, frustration, and hopelessness are all too often the long-term outcomes. Furthermore, the welfare, Medicaid, and Food Stamp program costs in 1985 for families begun by a birth to a teenager reached $16.65 billion (Morrill, 1987, p. vii).

In comparison with all other Western industrialized countries, the United States has the highest rates of school-age pregnancy, abortion, and childbearing although the amount of sexual activity of adolescents in these countries is similar. The difference is especially great among women under the age of 15.

School-age mothers experience higher rates than older mothers of toxemia, anemia, urinary tract infections, prolonged labor, and a pelvis too small for the delivery of the fetus. Infants born to teenage mothers are also at risk of numerous developmental problems, not because of the mother's age but due to other teenage attributes such as low socioeconomic status, poor nutritional status, low pre-pregnancy weight, and inadequate prenatal care. Although over one million women aged 15-19 in the United States became pregnant in 1984, the absolute numbers of both pregnancies and births dropped considerably after 1980. This trend was accompanied by an increase in the number of women in this age range who were never married and an increase in the number who were sexually experienced. The abortion rate rose rapidly after its legalization in 1973 but has remained constant since 1979.

In New York State, the upward trend in school-age pregnancy rates was halted in 1983. The absolute number of both pregnancies and births to adolescent females declined from 1980 to 1985. Non-White teenage pregnancy rates are about 2 1/2 times the rate for Whites. Teenage mothers receive less adequate prenatal care than mothers in other age groups.

Child Abuse and Maltreatment

> The roots of violence and abuse run deep in this society's structures, values, and practices. The chances of eliminating child abuse when the problem is viewed within such a broad context seem discouragingly grim. This society needs a tremendous commitment of energy and money if it is ever to solve problems like institutional abuse and pervasiveness of violence as an acceptable means of discipline and interaction. Investing money in support services and parenting education classes will eliminate some of the individual cases of abuse, but money alone cannot transform the society's values. Because violence is so deeply imbedded in the values of the society and reflected in the behaviors of individuals within that structure, eliminating child abuse involves transforming the context in which people live rather than altering the behavior of individuals (Zigler, 1980, pp. 30-31).

Both national and New York State data indicate that the number of registered reports of child abuse have increased appreciably and that registered reports of child maltreatment have increased dramatically since 1974, the latter outnumbering the former by a ratio of 9 to 1. Almost half of these reports originate with persons required by law to report suspected incidents, e.g., physicians, school personnel. Subsequent investigation of these reports found credible evidence of

child abuse or maltreatment in about two-fifths of the cases. Young children (age 9 or less) were the victims in almost half the cases of child abuse and two-thirds of the cases of maltreatment. Although girls and boys are about equally likely to become victims of maltreatment, three-quarters of all confirmed incidents of child abuse involve girls. Most perpetrators of child abuse/maltreatment are women, usually the child's parent. Reports of abuse/maltreatment of children in out-of-home care occur at a much lower rate than for children in their own homes.

Alcohol and Drug Abuse

> Egocentrism appears to underlie a "here and now" time perspective in which long-term consequences and future happenings have little impact. It may also explain ideas of invulnerability that allow young adolescents to persuade themselves that they can safely take a known risk. When this immediate time perspective and sense of invulnerability are coupled with failure to understand laws of probability and to make accurate estimates, young adolescents may be especially likely to engage in unprotected sexual encounters, to use drugs, and to use alcohol with a false sense of confidence. It may be that teenagers convince themselves that "it won't happen to me"; that adverse consequences will occur much later, so "no need to worry now"; and that reversibility is possible, therefore, "I can stop whenever I want to" (Hamburg, Elliott, and Parron, 1982, p. 92).

Research has shown that over one-quarter of secondary school students in New York drink alcoholic beverages in amounts and with frequencies such that they are considered moderate or heavy drinkers. A similar proportion of these students reported using marijuana in the month prior to the survey. Drinking increases with age and grade level and White students are more likely to be heavy drinkers than are Black students. Evidence from admissions to drug treatment facilities and crime statistics indicates that "crack" use is a serious and growing problem.

Racial/Ethnic Group Inequality Among New York's Children

> In short, this collection of studies has shown that female-headed families are heavily represented in the poverty population, are highly urbanized, and are disproportionately black; that black female heads are much less likely to marry if single, or to remarry if divorced or widowed, and therefore that female-headed families among whites tend to be of relatively short duration, whereas among blacks they tend to be prolonged; that teenage pregnancies are strongly associated with being reared in female-headed families, poverty, and ghetto residence; that black children are increasingly growing up in families without fathers not only because more black women are getting divorced, separated, or are becoming widows, but also because more black women are not marrying; and that the increasing joblessness of black men is one of the major reasons black women tend not to be married. This research strongly suggests that the urban core has spawned a sizable and growing black underclass of marginally productive and unattached men, and of women and children in female-headed homes (Wilson, 1987, p. 174).

Non-White adolescent pregnancy rates in New York approximate 2.5 times the level for Whites. New York was one of the five worst states in the United States on number of Black babies receiving no or late prenatal care in 1985. Non-White infants in New York are twice as likely as White infants to be born at low birth weight. Black and other non-White women in the United States in 1985 were almost four times as likely as White women to die of pregnancy and childbirth related conditions.

The percents of Black and Hispanic children living in poverty in 1979 were much higher than the percent of Whites and had increased more over the previous decade. Family income of Black and Hispanic families in New York State dropped substantially more than that of White families between 1969 and 1979. Although Blacks and Hispanics comprise only 30 percent of New York's child population, they make up over half of the State's poor and near-poor children.

Over half of New York's Black and Hispanic students attend schools with 90 percent or higher minority enrollments. Well over half of New York's Black and Hispanic but only one fifth of White students become high school dropouts. The unemployment rate of Black teenaged youth in New York approximates three times that of White youth.

Interrelations Among Risk Factors

Although we have presented and discussed separately and individually the several conditions that threaten the well-being of New York's children, it should be stressed that these conditions are highly interrelated, rarely occurring in isolation. For example, adolescent pregnancy and childbearing and the rise in the number of single mother families are strongly correlated with the increasingly high rate of unemployment among young Black men. Indeed, poverty lies at the root of most of the other conditions discussed above—poor nutrition, inadequate health care, infant mortality, homelessness, poor education. One indication of the interrelation between poverty and other undesirable conditions is found in the association of the incidence of poverty, female heads of households, and percent of families with no workers in New York State.

> The two municipalities with the largest percentages of families living below the defined poverty level are the boroughs of the Bronx (24.8 percent) and Brooklyn (21.0 percent). They are also the two with the largest percentages of female heads of households (50.1 percent and 45.7 percent respectively) and the largest percentages of families with no workers (27.4 percent and 23.4 percent).
>
> The smallest percentages of families below poverty level are found in the villages of Valley Stream (3.0 percent), Rockville Center (3.9 percent) and Lindenhurst (4.0 percent). These three also have the lowest percentages of families with female heads and the Village of Lindenhurst can boast of the smallest percentage of families having no worker (8.1 percent) (The Nelson A. Rockefeller Institute of Government, 1986, p. 60).

The same source reports that the two localities with the highest percentages of children are the same two that had the highest percentages of families living below the poverty level—the boroughs of Brooklyn and the Bronx (p. 60).

In her new book, L. B. Schorr reviews the available evidence on the association between poverty and other social problems and concludes:

> The close association between poverty and risk holds for every component of risk—from premature birth to poor health and nutrition, from failure to develop warm, secure, trusting relationships early in life to child abuse, from family stress and chaos to failure to master school skills. Persistent and concentrated poverty virtually guarantee the presence of a vast collection of risk factors and their continuing destructive impact over time. (The converse is also true. Middle-class status is an effective buffer against a wide variety of risk factors) (Schorr, 1988, pp. 29-30).

The tendency for the same persons and families to be caught in a web of interrelated problems was recognized in a recent statement from the New York State Board of Regents:

> Many individuals and families in New York State are afflicted by a multitude of problems that prevent their participation in modern American society. Often it is the same dsadvantaged individuals and families who simultaneously suffer from a wide range of health, economic and social problems. Unemployment, poverty, incarceration, malnutrition, and dependency on public welfare are part of everyday life for these persons and their families. The problems of these individual families and communities are extremely diverse. They represent a continuum of need ranging from illiteracy and inability to seek, find and hold jobs, to a broad array of economic, physical, and social ills (New York State Education Department, 1987, p. 1).

Schorr summarizes a number of important studies of the impact of risk factors on child development and concluded that it is this combination of several risk factors that produces the most serious consequences for child development.

> The extraordinary synchrony of findings from such a variety of sources—a group of delinquents, an entire island population, two groups of vulnerable newborns, city families on two continents, and even a colony of monkeys—provide powerful evidence that it takes more than a single risk factor to produce damaging outcomes. Lasting damage occurs when a child's constitutional vulnerabilities interact with an unsupportive environment. Lasting damage occurs when the elements of a child's environment—at home, at school, in the neighborhood—multiply each other's destructive effects.
>
> The implication is clear: The prevention of rotten outcomes is not a matter of all or nothing. It will make a difference if we can reduce the incidence of low birthweight or of vision defects, if the isolated mother is helped to respond to her difficult infant, if more children come to school better prepared, succeed in mastering fundamental academic skills, and have reason to look forward to a better future. It will be of value if we can eliminate one risk factor or two, even if others remain (Schorr, 1988, pp. 28-29).

Drug abuse by parents is frequently associated with other risk factors that place a child's development in jeopardy. Dr. Mitchell Rosenthal, President of Phoenix House and member of the advisory panel for this study wrote as follows:

> Infant mortality involving maternal drug abuse has doubled in New York City since 1983.
>
> The number of addicted babies born in New York City doubled in one year to 2,500 during 1987, and twice that number is projected for 1988.
>
> The increased incidence of child abuse parallels the growth in the number of substance abusing parents. Earlier in the Eighties, drug abusing parents were involved in slightly more than 10 percent of the reported cases of child abuse that resulted in death. Today, drug abusing parents are involved in three out of every four such fatalities (Rosenthal, personal communication, August 18, 1988).

A careful look at almost any of the problem conditions considered above reveals strong links with one or more of the others. An unmarried school-age mother is unlikely to complete high school, which limits her earning capacity, virtually assuring that she will live in poverty and that both she and her offspring will be unlikely to have proper nutrition, medical care, or adequate housing. Recent research evidence even indicates that single parenthood has serious consequences for subsequent generations (McLanahan, 1988).

Similarly, a young man who finds high school intolerable and therefore drops out also has poor prospects for employment, leaving him unable to support even himself, let alone provide for a wife and child. Destitute, idle, and on the street, he is likely to be susceptible to the lure of "easy" money through drugs or other illegal activities.

Conditions Vary by Neighborhood

It is important to emphasize that there are marked variations in the conditions summarized above according to neighborhood or area of residence. Although the importance of place of residence has been mentioned in connection with a number of the conditions, e.g., the dependence on local resources for the support of schools and the resulting wide variation in per-pupil expenditures across the school districts of the state, the issue merits additional attention.

In particular, poverty and its frequent accompaniments in poor housing, poor nutrition, inadequate health and prenatal care, poor schools, high incidence of school dropouts, school-age pregnancy and childbearing, unemployment, long-term welfare dependence, drug abuse, crime and delinquency, are concentrated in certain geographical areas, often in the central regions of New York's largest cities. The importance of neighborhood and community was pointed out in a recent paper:

> . . . both economic deprivation and parent-child relations must be viewed in a larger context. Not just the income and assets of the family, or the role models or parenting styles of the parents, but the opportunities and behavior patterns in the community in which a family lives may determine the futures of children in disrupted homes. . . . such characteristics as community poverty rates, unemployment rates, and quality of housing are related to early pregnancies and lower wages among adolescents and young adults. Since single mothers, and especially black single mothers, are somewhat more likely to live in disadvantaged neighborhoods than two-parent families, structural variables may account for some of the difference between one- and two-parent families (McLanahan, 1988, pp. 20-21).

Study of the conditions in inner-city neighborhoods has led some scholars to assert the emergence over the past decade or so of a "ghetto underclass" that is quantitatively and qualitatively different from the poor urban neighborhoods of earlier times. Perhaps the most articulate formulation of this point of view is by William Julius Wilson, whose 1987 book, *The Truly Disadvantaged*, documents this change quite convincingly:

> Most unemployed blacks in the United States reside within the central cities. Their situation, already more difficult than that of any other major ethnic group in the country, continues to worsen. Not only are there more blacks without jobs every year; men, especially young males, are dropping out of the labor force in record proportions. Also, more and more black youth, including many who are no longer in school, are obtaining no job experience at all. . . .
>
> Unlike previous years, today's ghetto residents represent almost exclusively the most disadvantaged segments of the urban black community—including those families that have experienced long-term spells of poverty and/or welfare dependency, individuals who lack training and skills and have either experienced periods of persistent unemployment or have dropped out of the labor force altogether, and individuals who are frequently involved in street criminal activity. The term *ghetto underclass* refers to this heterogeneous group of families and individuals who inhabit the cores of the nation's central cities. The term suggests that a fundamental social transformation has taken place in ghetto neighborhoods, and the groups represented by this term are collectively different from and much more socially isolated than those that lived in these communities in earlier years (Wilson, 1987, pp. 142-3).

The transformation to which he refers is the changing class structure of the inner city—the trend toward middle- and working-class Blacks and working-class Whites who used to live in or near the urban ghettos to move to higher income neighborhoods in other parts of the city and to the suburbs.

> . . . the black working and middle classes in earlier years provided stability to inner-city neighborhoods and perpetuated and reinforced societal norms and values. In short, their very presence enhanced the social organization of ghetto communities. If strong norms and sanctions against aberrant behavior, a sense of community, and positive neighborhood identification are the essential features of social organization in urban areas, inner-city neighborhoods today suffer from a severe lack of social organization (Wilson, 1987, p. 143).

Lisbeth Schorr discusses the consequences of such neighborhood conditions for developing children:

> Rare in the ghetto today are neighbors whose lives demonstrate that education is meaningful, that steady employment is a viable alternative to welfare and illegal pursuits, and that a stable family is an aspect of normalcy. The vacuum is being filled, says Yale University psychiatrist James Comer, by drug pushers, pimps, and prostitutes. "They're often the only successful people that the kids see."
>
> In depressed neighborhoods of all kinds, drugs have vastly exacerbated other social dislocations, from robbery to personal violence, adding an element of pathology that earlier generations did not have to cope with.
>
> More and more families, stressed and depleted, are surrounded by others in similar straits. This concentration of the persistently poor, unskilled, alienated, unemployed, and unmarried is central to the development of children who grow up in such a setting. These children are isolated from many essential socializing influences and supports. It is hard for the head of a family, male or female, black or white, who cannot support the family, to rear children to conform to cultural expectations and to contribute constructively to society. . . . When the whole neighborhood is made up of families without fathers or a consistent male presence, not only the income but also the discipline and role models that fathers traditionally have provided are missing. Boys are left to learn about manhood on the streets, where the temptation is strong to demonstrate prowess through lawbreaking, violence, and fathering a child (Schorr, 1988, p. 20).

Schorr urges us, however, not to be discouraged by these conditions which, though serious, are not so overwhelming as to be uncorrectable. She cites new data from work by Ricketts and Sawhill (1986) on the concentration of social problems within a relatively small number of neighborhoods nationwide. Using 1980 census data, they identified 880 census tracts in which there were high proportions of the population in all four of the following categories: high school dropouts, welfare recipients, female heads of household, and working-age males not in the labor force. These neighborhoods were called *underclass* areas. They contained 2.5 million people or about one percent of the United States population.

> As one might expect, most of these underclass census tracts are in the inner city—99 percent of the identified neighborhoods are urban. Geographically, the largest concentration is in the Northeast. The six cities with the highest number of underclass areas are New York, Chicago, Detroit, Newark, Philadelphia, and Baltimore.
>
> In the 880 census tracts, 58 percent of the population were black, 11 percent Hispanic, and 28 percent white. Thirty-six percent were children. . . . the crucial point [is] that the number of children growing up in the midst of dense concentrations of poverty and social dislocation is small enough that intensive efforts to serve these children and their families would be manageable—and high enough that inaction is intolerable (Schorr, 1988, pp. 17-18).

IMPLICATIONS—SOCIETY AT RISK

The Value Society Places Upon Children

The unfavorable conditions in which too many of New York's children live, as summarized above and detailed and documented in the Appendix, raise serious questions about the extent to which we, as adults responsible for the children and youth of the state, value children and fully recognize and appreciate the long-range implications for the future of the state that follow from our failure to correct the conditions that are crippling their development and leaving them inadequately prepared to meet society's challenges as the new century opens.

The hard facts documenting the unsatisfactory conditions in which many New York children and families live today may indicate that society places less value upon children than is generally assumed. A society that values children highly would not allow so many of its children to live in poverty, to be ill-housed, ill-fed, poorly educated, and to receive inadequate health care. Nor would a society that understands the importance of the welfare of its children to its own future remain so apparently indifferent to the destructive conditions that impair development and prevent the attainment of full potential of so many children.

Consider the fact that most industrialized western nations other than the United States demonstrate the high value that they place upon children, and their appreciation of the contributions to society that parents make in having and raising children, by greeting each and every newborn child, regardless of family circumstances, with a small but very useful cash allowance that begins arriving automatically and continues every month of the child's development through adolescence. By this simple and relatively inexpensive means, those societies send a very important message of appreciation to parents who have undertaken one of society's most important, difficult, and expensive challenges—rearing a child.

In marked contrast, our own society places the main responsibility of meeting the requirements of a newborn child upon the mother, with or without help from the father. If the mother lacks the necessary resources, she must work her way through what often seems to her to be an adversarial and complex bureaucracy apparently more concerned with following agency regulations and preventing fraud than in providing the assistance the mother needs to give her child minimal care. And the level of support, even when finally obtained, is so meager that a poverty-stricken existence is unavoidable. What message does such a system send about the value society places upon the welfare of its children?

Consider that a father who buys a car on time but who later fails to keep up the payments will be pursued and the car repossessed under the laws of the state. However, if a father leaves his children without the support that they need for healthy development, the laws of the state are

ineffectual in requiring him to provide that support or, failing that, in substituting public funds. The mother is left in truly desperate circumstances; the child suffers immediately, society suffers eventually. The new federal welfare reform law happily promises real improvement in obtaining child support from noncustodial parents.

Consider that, as a society, we have failed to provide young people with the resources necessary for them to control their fertility, as a consequence of which over a million school-age girls become pregnant each year, most long before they are ready to assume the responsibilities of parenthood. These in turn result in thousands of abortions and thousands of other unwanted babies, many of whom are born at low birth weight and most of whom are doomed to years of deprivation, poverty, inadequate nutrition and health care, and a host of other ills that spell great suffering for the children and enormous costs to society. All this despite the availability of the highly successful experience of several European countries in mounting programs of entirely voluntary fertility control that greatly reduce the rates of school-age pregnancy among young people whose level of sexual activity is comparable with that in this country.

Consider that infant mortality rates in the United States, one of the most affluent countries in the world, are higher than those of 16 other Western industrialized countries and that improvement in the United States infant mortality rate stopped in 1985; in fact, 17 states experienced slight increases in infant mortality between 1984 and 1985. Although New York State's infant mortality rate has been declining in recent years, it is still among the highest in this country.

Consider that throughout Europe, prenatal, perinatal, and postnatal care are assured for every mother and new baby, regardless of family financial circumstances. Yet in this country, many mothers go without adequate prenatal care because they cannot afford to pay for it. At the same time, we spend vast sums of money on high technology, esoteric equipment, and procedures in intensive care units of hospitals trying to save the low birth weight babies and those with other physical and mental health problems that often result from poor prenatal care.

Consider that almost every other industrialized Western country provides a fairly extended period of paid parental leave to an employee upon the birth or adoption of a child. In this country, we are only now struggling, against strong opposition in the Congress, to adopt a limited form of unpaid maternal leave. The only leave now available, and that only to a limited number of women in jobs covered by disability laws, is for medical leave for child birth analogous to that provided in response to any physical disability. It is for a very short period of time and available only upon the authorization of a physician.

Consider that immunization against the childhood diseases is clearly established as one of the most cost-effective procedures in assuring healthy development and avoiding long-term physical and mental disabilities. Yet many children of poor families go without such protection far too long because immunization is so expensive. A recent *New York Times* story reported that in some places

public health officials have found it necessary to stage lotteries and offer prizes as inducements for families to have their children immunized.

Consider that many families with children are totally unprotected by health insurance. As a result, many children are left to the potential ravages of ill health and accidents without insurance.

Consider that mothers who need to work for pay in order to provide adequately for their families are left on their own in finding quality care for their children while they work. Employers with rare exception regard child care as strictly a family responsibility of no concern to them. The federal government has repeatedly taken the view that publicly provided child care constitutes governmental intrusion into an area of family responsibility but at the same time holds that welfare mothers should work for their benefits. Thus, single mothers face the choice of living below the federal poverty line on meager welfare benefits in order to care for their children or placing their children in a child-care arrangement that may be of poor quality in order to seek employment. Other mothers who need and want to work, especially those in working poor families, are not much better off. The newly enacted welfare reform law, however, promises improvement in this regard.

Consider that workers in the child-care field are paid wages lower than those of workers in other fields for which the educational requirements are less. Salary scales for child-care workers are lower than those for animal caretakers, bartenders, house cleaners, and hotel clerks. They are among the lowest 10 percent of all wage earners in the United States.

Consider that salaries and working conditions of teachers in America's public schools are so unsatisfactory that the field attracts fewer and fewer young people to the profession each year and that those who do plan to teach rank low among their peers on tests of academic achievement and intellectual ability. Yet these are the people into whose care and nurturance we entrust millions of our children for several hours each day for 12 of the most important and formative years of each child's life. One result is that thousands of high school graduates are so poorly educated that they cannot read the printing on their diplomas and many thousands of others drop out of school before finishing.

Consider that children have been made to bear the brunt of the nation's laudable, even noble objective of restoring the civil rights of Blacks and persons in other minority groups, and of reducing or eliminating racial segregation in this country by efforts to integrate the public schools mainly through busing schoolchildren. Although integration of schools is an important and valued objective, why has it not been accompanied by equally assiduous efforts to desegregate other domains of American life, e.g, housing (which, if successful, would eliminate the need for busing children to integrate schools), businesses, government, and higher education.

Consider that a welfare mother must suffer the stigma of penetrating scrutiny and public humiliation in order to qualify for her meager benefit and food stamps to feed her children, but

affluent and wealthy families receive much larger subsidies from the same public sources via a wide variety of tax credits and write-offs. For years, some of our wealthiest and most profitable corporations have managed to pay no taxes whatever.

Consider that the basic program of public assistance to poor families with children to care for—Aid to Families with Dependent Children—is the only transfer program that has not been indexed to inflation, resulting in a decline in the real value of such assistance of almost one-third between 1976 and 1985. Other cash transfer programs—Social Security, Supplemental Social Insurance, Veterans benefits, etc.—all retained their real purchasing power, but the federal government did not mandate and states did not implement cost-of-living adjustments in the one program on which so many poor children depend for basic necessities of life. By what logic is it proper to protect the elderly, the disabled, and veterans, but not the nation's children against the ravages of inflation?

Consider that children are the most rapidly growing segment of poor people in the country. While the poverty rates among the elderly have been sharply reduced, the number of children living in poverty has grown dramatically.

Consider that the rapidly increasing numbers of poor children are also children who are inadequately fed. Poor nutrition in the years of early development place the child in permanent jeopardy of a variety of poor health conditions that often mean long-term suffering for the person and heavy medical care and nursing costs for society.

Consider that the federal government has been withdrawing from participation in the provision of low-income housing for poor families for several years, generating housing shortages beyond the ability of cities and states and the private sector to compensate. The result has been a dramatic increase in homelessness and "doubling up," often in housing of substandard quality. Hence, many poor children are growing up in housing conditions that seriously impair their proper development.

Consider that we have allowed the flow of illegal drugs to saturate our society to the point that not only high school and junior high school students but even elementary school youngsters are involved with drug use. How can a country that can land men on the moon, spend billions on preparations for war, and provide vast sums in aid to countries around the world claim that it is unable to protect our children and eliminate this perilous threat to the future of our society by putting a stop to the drug traffic?

These considerations may strike some readers as unduly harsh and that they fail to recognize and appreciate the evidence in New York State and in the nation that children are valued and that their vital importance to the welfare of future society is understood. Indeed, in our opening sections above we pointed to a number of kinds of such evidence. Even the commissioning of this study

constitutes further evidence of concern for the welfare of New York's children. Taken together, these and other trends give new hope for better treatment of children over the next decade than has been true in recent years. Perhaps these trends reflect a growing awareness of the kinds of costs to society of allowing children to grow up in unsatisfactory conditions. It is these costs to which we turn in the next section.

Costs to Society

The unsatisfactory conditions of life for many New York State children today, as summarized above and documented in the Appendix, are presumably the result of society's reluctance or inability to mount effective policies and programs that would have prevented them from ever arising or reduced them far below their present levels. One frequently hears that the costs of better alternative policies and programs are just too high, that the State simply cannot afford to do what would be required to eliminate such poor conditions. It is our view, however, that this position is short-sighted, that it looks only at the immediate costs but fails to consider adequately the long-range costs of failure to correct today's problems. We believe that action today to build options for families and children that enable the developing child to become the independent, contributing citizen that New York State will need in the year 2000 and beyond will cost society far less than continuing the present policies and practices that are responsible for creating such deplorable conditions among the children of New York.

This longer range view of the costs to society of failure to provide adequately for the needs of today's children is expressed in a recent statement by the Committee for Economic Development, with special concern for the needs of the business community:

> If present trends continue without corrective actions, American business will confront a severe employment crisis. This scarcity of well-educated and well-qualified people in the work force will seriously damage this country's competitive position in an increasingly challenging global marketplace. Current projections point to a serious labor shortage in only a few years. By 1990, the impact of new technologies is expected to drive total private-sector demand for employment to 156.6 million jobs, nearly twice that in 1978. If these estimates are only close to the mark, there will be a shortage of over 23 million Americans willing and able to work (Committee for Economic Development, 1987, p. 4).

Similarly, New York State in the year 2000 and beyond will reflect the experiences and opportunities of New York's children and families today. Alba and Trent give heavy emphasis to this point in their *Project 2000* study of New York's population trends (Alba and Trent, 1988, p. 149).

In addition to these estimates of the general long-range consequences of failure to correct the problems that today so seriously impair the proper growth and development of New York's and

the nation's children, estimates are available of the longer range savings relative to immediate costs that are possible through timely intervention in a number of areas.

Fertility Control: It is estimated that the State would save $6.60 for every dollar invested in providing young people with information and supplies for controlling their own fertility, yet 44 percent of New York's adolescents had no access to such services in 1982 (Statewide Youth Advocacy, 1986, p. 20). A summary of existing programs and services related to fertility control in New York State together with identification of major gaps in presently available services and barriers to better services as well as recommendations for improved services is available in the report, ***Moving Forward: Next Steps***, the second report of the Governor's Task Force on Adolescent Pregnancy, 1986. According to this report, every year in New York State one out of ten adolescent females, aged 15-19, becomes pregnant. In 1984, 59,000 adolescents under the age of 20 in New York State became pregnant and more than 29,000 became parents (p. i).

Prenatal Care: Every dollar spent by the State on prenatal care saves as much as $3.38 in later health care costs (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families, 1988, p. 17). This report cites a 1985 study by the Institute of Medicine in which a review of research indicates that the "overwhelming weight of the evidence is that prenatal care reduces low birthweight. This finding is strong enough to support a broad, national commitment to ensuring that all pregnant women, especially those at medical or socioeconomic risk, receive high-quality care" (p. 20). The Institute's cost-benefit analysis shows that if the improved use of prenatal care "reduced the rate of low birth weight in the target population from the current 11.5 percent to only 10.76 percent, the increased expenditures for prenatal services would be approximately equal to a single year of cost saving in direct medical care expenditures for low birth weight infants in the target population" (p. 20). Another cited study found that every dollar spent on prenatal care resulted in an estimated savings of $6.12 in newborn intensive care costs in Michigan (p. 12). It costs about $600 to provide a pregnant woman with comprehensive prenatal care for nine months; it costs $1,000 per day to try to save a premature baby through neonatal intensive care (Edelman, 1987, p. 98). The Children's Defense Fund estimates that each dollar spent on prenatal care, including nutritional supplementation, can save up to $11.00 over a child's lifetime when long-term health, special education, and social service costs are included (Children's Defense Fund, 1988b, p. 37).

Depending upon the level of disability and life span of a person with developmental disabilities often associated with premature birth and low birth weight, lifetime care could cost between $3 and $4 million (New York State Office of Mental Retardation and Developmental Disabilities, 1987, p. 138).

The Children's Defense Fund calculates that the first-year costs alone involved in caring for the 334,361 preventable low birth weight babies born between 1978 and 1990 will amount to $2,479,691,392 by 1990 (Children's Defense Fund, 1988b, p. 33).

Child Immunization: The effectiveness of immunization of children against the major childhood diseases of rubella, mumps, measles, polio, diptheria, tetanus, and pertussis is well documented and well known. The 1985 cost of the full immunization series was about $31 but was up to $57 by 1987. The cost of a lifetime of institutional care for a child left retarded by measles is between $500,000 and $1,000,000 (U. S. House of Representatives, Select Committee on Children, Youth, and Families, 1988, p. 36). For every dollar spent on the federal Childhood Immunization Program, the government saves $10 in medical costs. A study by the Centers for Disease Control showed that the $180 million spent on a measles vaccination program over several years saved $1.3 billion in medical and long-term care by reducing hearing impairment, retardation, and other problems (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families, 1988, p. 131).

Nutrition of Mothers, Infants, and Young Children: Adequate nutrition for pregnant women reduces the probability of premature delivery and of low birth weight infants. The participation of mothers in the federal Special Supplementary Food Program for Women, Infants, and Children (WIC) has been shown to be associated with earlier and more adequate prenatal care and improved birth outcomes such as increased birth weight of infants, reduction in incidence of low birth weight infants, reduction in neonatal mortality, increase in gestational age, and reduction in prematurity. The largest improvements have been found in populations at higher risk, i.e., school-age, unmarried, Black, and Hispanic women. This program is highly cost-effective: For every $1 invested in the prenatal component of WIC, as much as $3 are saved in short-term hospital costs (excluding longer-term treatment of disabilities caused by low birth weight). Only about 44 percent of the potentially eligible mothers, infants, and children receive WIC services (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families, 1988, p. 9).

Early Education: A comprehensive review of all published and unpublished research evaluating Head Start programs, some 1,600 studies in all, was published in 1985 (McKey et al., 1985). This report summarizes the main findings as follows:

> Findings of the Head Start Evaluation, Synthesis and Utilization Project suggest that the Head Start program has enjoyed considerable success. The program has immediate positive effects on cognitive and socioemotional development; persistent effects on preparing children to succeed in school; significant influence on improving children's physical health, motor coordination and development, and nutrition; positive effects on parents; and strong influences on community institutions to meet the needs of low-income families and children (p. 22).

A small number of these studies followed the program participants and comparison children for almost 20 years. These programs were located mostly in research universities and were regarded as of unusually high quality, superior to most ordinary Head Start programs. These studies have shown that preschool participant children relative to comparison children who did not attend preschool experienced: (a) greater school success, including better grades, less retention in grade,

less need for special education services, improved literacy, greater likelihood of completing high school, and greater likelihood of continuing education beyond high school; (b) increased employability; (c) less dependence upon public assistance; and (d) less criminal activity (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families, 1988, p. 39). Such programs are described as highly cost effective: $1 investment in preschool education for low-income children returns $6.00 in savings because of lower special education costs, lower welfare costs, higher worker productivity, and lower costs of crime. Researchers estimate that preschool program benefits yield a six-fold return on one-year programs and three-fold return on two-year programs (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families, 1988, p. 39).

Compensatory Education: Studies of the effects of compensatory education programs for educationally disadvantaged and low income elementary school students show that these students performed better academically, i.e., they made significant gains in reading and mathematics, there was less disparity between the achievement of Blacks and other elementary students, and a drop in achievement occurred when the program was terminated. An improvement in pupil achievement was also found to be a result of substantial parent involvement in the program. Compensatory education programs are cost effective; it costs only $750 to provide a year of compensatory education as compared with $3,700 in services when a student has to repeat a grade once. Only about half of those estimated to be in need participated in compensatory education programs in 1982-83 (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families, 1988, p. 49).

Schooling in General: Many studies have demonstrated the personal and societal benefits of attending school for more years. For example, studies of the National Bureau of Economic Research on the effects of education on the employment outcomes of Black youths found that:

(1) years of schooling raises the amount of time youths spend in "productive" activities;
(2) graduating from high school raises youths' wages by 15 percent and increases the number of weeks worked per year by 6 percent;
(3) higher grades in school increase wages for youths;
(4) higher grades in school reduce the likelihood of dropping out of school and unemployment;
(5) years of schooling increases wages earned per week between 7 percent and 16 percent; and
(6) years of schooling reduces the probability of youth participation in crime by 40 to 60 percent.

These findings usually remained significant even after controlling for many family background characteristics. Graduation from high school proved to have especially important effects (Freeman and Holzer, 1986, pp. 14-15).

A recent review of the literature on the high school dropout problem describes a 1972 study (Levin, 1972) indicating that the forgone income from a cohort of males 25-34 in 1969 who failed to finish high school amounted to $237 billion with accompanying loss in tax revenues of $71 billion. A more recent study (Catterall, 1982) estimated the foregone income of both male and female dropouts from the national high school class of 1981 at $228 billion and foregone government revenues at more than $68 billion (Rumberger, 1987).

> The social consequences and social costs of dropping out go beyond foregone income and revenues, however. As Levin documented, high school dropouts are more likely to require a wide range of social services, including welfare, medical assistance, and unemployment assistance. They are also more likely to engage in crime, have poorer health, have lower rates of intergenerational mobility, and lower rates of political participation. Based on the research literature and cost data available at that time, he estimated the social costs of providing social services and fighting crime associated with dropping out at $6 billion per year (Levin, p. ix). Today, of course, the figures would be much higher (Rumberger, 1987, p. 115).

A 1985 report from the Committee for Economic development argues that education is a good investment for society.

> The best current estimate of average rates of return on our investment in schooling range from 7 to 11 percent after inflation, which makes education a very good personal and societal investment (Committee for Economic Development, 1985, p. 39).

The report also notes that more highly educated people invest more readily than others in better health for themselves and for their children. They also save more and plan better for the future. Such people are presumably better able to make important decisions, weigh issues, and participate responsibly in the political process.

The costs to society of failure to make the necessary investment in education, though difficult to quantify, are surely very great. Present rates of adult illiteracy, which approach 50 percent in some population subgroups and which involve some 70 million persons in the United States, generate enormous costs in terms of lost productivity and wages and increased crime and welfare.

> This high level of academic failure has many possible consequences. From an economic standpoint, it means that a sizeable part of our labor pool will be made up of people with marginal skills who are poorly matched to the job market. The result would be chronically higher rates of unemployment, higher welfare costs, less personal income, and a smaller tax base. Increasingly high rates of functional and marginal illiteracy are also likely to lead to rising crime rates, a lower standard of living, and social instability. Finally, a large portion of the nation's population would lack important decision-making skills, which could have serious implications for the future of the United States as a free and democratic people (Committee for Economic Development, 1985, pp. 40-41).

The challenge to our educational system was characterized in the following way by the Carnegie Forum on Education and the Economy:

> Success, then, depends on the whole society coming to place a much higher value not just on schooling but on learning. This demands a redefinition of the purposes of schooling, one that goes way beyond the inculcation of routine skills and the acquisition of a stock of facts. An economy based on people who think for a living requires schools dedicated to the creation of environments in which students become very adept at thinking for themselves, places where they master the art of learning and acquire a strong taste for it.
>
> Our argument, then, is simple. If our standard of living is to be maintained, if the growth of a permanent underclass is to be averted, if democracy is to function effectively into the next century, our schools must graduate the vast majority of their students with achievement levels long thought possible for only the privileged few. The American mass education system, designed in the early part of the century for a mass-production economy, will not succeed unless it not only raises but redefines the essential standards of excellence and strives to make quality and equality of opportunity compatible with each other (Carnegie Forum on Education and the Economy, 1986, p. 21).

Youth Employment and Training: Evaluations of a variety of efforts show that a combination of remedial education, training, and well-structured work experiences can lead to improvements in employability and wages. Interventions have also been successful in helping students to remain in school. Specific results indicate that such programs:

(1) increase employability and wage gains, e.g., Job Corps participants worked more weeks per year and earned 15 percent more in wages in the first four years after program participation;
(2) prevent school enrollment declines among youths in the Youth Incentive Entitlement Pilot Projects; and
(3) increase rate of college attendance, reduce dependence upon welfare, and shift from more to less serious crime among Job Corps participants.

Such programs are expensive but cost effective. The Job Corps program is estimated to yield an economic return to society of 46 percent on the investment and to pay back the investment in about three years (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families, 1988, p. 65). Cost-benefit analyses suggest that the overall benefits society derives from the Job Corps program substantially exceed the program's admittedly high cost. A major reason for this is the significant reduction in criminal activity associated with Job Corps participation (Morris and Williamson, 1986, p. 141).

The direct cost to New York City of providing public assistance and other benefits to unemployed youth is over $62 million per year. For every thousand youth who gain full-time employment and are removed from welfare rolls, New York City could save over $1 million (Statewide Youth Advocacy, 1986, p. 58).

Using an estimate of $2,000 per person as the annual base cost of operating a program of intensive education, job-training, and placement services, it would cost some $2.6 billion to serve all New Yorkers in need of such employment services. However, when welfare recipients are able to get unsubsidized jobs, costs are reduced in a number of programs, including AFDC, Food Stamps, and Medicaid. A three-month reduction in the average duration of a recipient's time on welfare would totally offset the direct costs of the person's training and placement services. Indirect, but equally important benefits include increased literacy and a more skilled work force (New York State Task Force on Poverty and Welfare, 1986, p. 101).

Juvenile Detention: In New York State, placing a child in a limited secure facility with the Division for Youth costs $66,430 per year. Although 20 percent of DFY placements are repeat placements, aftercare services reached 55 percent fewer youths in 1983 than in 1978. Aftercare services cost less than $5,000 per year per person (Statewide Youth Advocacy, 1986, p. 64).

PERSPECTIVES ON PROBLEM RESOLUTION

Implicit in much of the discussion in the preceding sections are some fundamental principles upon which programs that address the problems of New York's children should be based. Here we wish to make them explicit. They are (1) the recognition that responsibility for children is shared by the family and society more generally, (2) the primacy of prevention, and (3) the need for broad, community-wide approaches involving the cooperation of virtually all segments of society in developing a new sensitivity to the welfare of children and families that recognizes the profound consequences for them, and ultimately for society, of the unsatisfactory conditions reviewed above.

Shared Responsibility

Much of the rhetoric about dependency among persons on public assistance appears to reflect a lack of awareness of the fact that dependency is characteristic of all persons in modern society, that we all are dependent upon society and benefit directly and indirectly from its resources. It is no longer possible, if indeed it ever was, for a family to provide for its members independently. Most families cannot grow their own food, raise sheep for wool and spin, weave, and sew their own clothes, educate themselves and their own children, write their own books, maintain their own health, provide for their elderly, and bury their dead. Although families do some of these things, most involve the larger society on which we are all dependent. By having and rearing children, families do shoulder an enormous "social service" burden which society could not provide with any array of public programs (Moroney, 1986), but the earth could not support a system in which each family had to do all these things and more on their own.

The responsibility for many areas of family life has shifted over the years to one of shared responsibility in which the family and the broader society both contribute in important ways to the development of the nation's children, a circumstance that Moroney (1986) suggests is altogether healthy, constructive, and deserving of expansion. Society needs to have its children grow up in ways that enable them to meet the requirements of the society of the future; it cannot, therefore, be indifferent to the conditions under which children develop. So society provides resources to support families and facilitate the optimal development of all its children, e.g., schools, libraries, parks and playgrounds, and myriad programs and facilities supporting optimal child development. All children and families are dependent upon and benefit from these and many other public services provided by society at large.

Marion Wright Edelman cites the following example of unrecognized dependence upon publicly funded resources:

> . . . a child was born in Fort Benning, Georgia, in 1942, where his father was living on a federal veteran's disability pension. He attended the University of Georgia, a public

university, where his tuition and expenses were paid by the federal War Orphans Act. He had planned to go into physics; but learning that physics postdoctoral fellows got low pay, he did graduate work in economics, paid for by a federal National Defense Education Act fellowship. He started his career teaching at Texas A & M, a federal land-grant college

This is a success story: how specific federal programs at their best help a child attain self-sufficiency. That child is now a United States Senator. His name is Phil Gramm. He is a conservative who essentially would do away with federal help for children today. In 1981 he was one of the prime authors of the law that cut benefits drastically in virtually every federal program for low-income children. . . .

I do not know Senator Gramm. But he seems to suffer from a peculiarly American amnesia that wants us to believe families are wholly self-sufficient; that makes us forget how government helped all of us when we were children, and helps all of us as adults, and that makes us believe that the government is simply wasting billions on a wholly dependent, self-perpetuating class of poor people, while doing nothing but taxing the rest of us.

These beliefs—about which children and families government has traditionally helped and how and why—serve as a backdrop for examining appropriate public and private roles and responsibilities in ensuring that we meet the survival needs and build the economic security of the nation's young and thus the nation's future (Edelman, 1987, pp. 27-28).

Although we hear a great deal about the dangers of creating dependence by providing public assistance to mothers who have young children and no husbands, we rarely hear such concerns expressed about the possibility of creating dependence of the affluent on the government through their exploitation of tax credits, tax write-offs, business deductions, and other benefits that enable many individual tax-payers and corporations to pay little or no taxes while exploiting for personal gain a number of publicly supported programs. Government subsidies for airlines, railroads, the postal service, and agriculture are well known. (The government requires health warning labels on tobacco products , and Surgeon Generals for 20 years have tried to get people to not smoke, but that same government subsidizes the growing of tobacco.) Most American children receive an education paid for by taxes on parents and nonparents alike. All taxpayers may deduct state and local tax payments for education from their income in figuring their federal taxes, thus providing a large subsidy of public education by the federal government. Most college students benefit from large amounts of public support either through enrolling in public institutions or by receiving government subsidized grants, loans, or scholarships made possible by tax breaks. Millions of middle-income American families benefit from federal or state housing subsidies through programs such as Federal Housing Administration or Veterans Administration mortgage insurance and tax-exempt revenue bonds. Many more millions receive federal tax relief for payment of property taxes and interest on real estate mortgages. Most American families pay many of their medical bills with the help of employer-provided health insurance, which the government subsidizes by not treating it as taxable income.

In these and myriad other ways, local, state, and federal governments invest in children and help support families. We do this to enhance, not to detract from, the role of the family. The relationship between family, community, and government is synergistic, strengthening

both the family and the society in the complex undertaking of caring for children and building the future for them (Edelman, 1987, p. 34).

In a recent paper, Powell (1987) summarizes three perspectives on the relation between the family and society. Although he is concerned primarily with day care as a family support system, the perspectives sketched are appropriate to a wide range of programs for children and families:

> In one view, day care is a positive influence on family functioning that provides a child development program while freeing parents for work and other meaningful activities. According to this view, day care is a service for children with positive benefits for families . . . .
>
> A second perspective construes day care as a compensatory program for children from inadequate families. This orientation has its roots in the history of day care. Early forms of child care were intended for children whose families were deemed unable to fulfill their child-rearing responsibilities owing to poverty, family structure, or some other indicator of atypical status . . . Under these circumstances, day care is seen as providing cognitive and socialization experiences that parents are unable or unwilling to supply.
>
> A third perspective suggests that day care is disruptive to family life. In this view, day care is a deviant form of child rearing, significantly inferior to maternal care in the home. Day care is thought to supplant the family (Powell, 1987, pp. 115-116).

It is the first of these three perspectives with which the present report is allied. Because of society's deep concern with the development of tomorrow's citizens and leaders, it cannot afford to be indifferent to the conditions that families provide for the children. It is incumbent upon society to play a positive, supportive, and constructive role in guaranteeing that the children are assured a healthy, supportive environment in which to develop. It is society's obligation to the future to see that families have the support necessary to provide adequately for the developmental needs of their children. Families and society must form a working partnership in assuring that children develop to their fullest potential. Garbarino captures the spirit of our orientation to the relation between the family and the community:

> Some ask: Who owns the children? We reject that question because we reject the idea of children as property in favor of the idea of children as citizens, as junior partners in the life of the community. So we might better say, "Who has custody of the children?" One model replies, "Parents do." Another asserts, "Parents have custody but the community has visiting rights." Perhaps the answer most likely to preserve and protect children while supporting and encouraging parents is to say that parents and the community have joint custody. Such an answer provides the foundation for an approach to family support systems that we can live with. What is more, it offers a level of community commitment to child welfare that children in high-risk families cannot live without (Garbarino, 1987, pp. 111-112).

The Primacy of Prevention

In our discussion of costs to society we showed that failure to take appropriate preventative action in a number of critically important areas, e.g., prenatal care, child immunization, early and compensatory education, would impose enormously heavy future burdens upon society in terms of medical, custodial, and rehabilitation programs, as well as nearly inestimable costs in lost earnings through unemployment. Even the basic capability of many citizens of the 21st century to meet their responsibilities as members of a free and democratic society is threatened.

A common theme can be discerned in our discussion of virtually all the distressing conditions documented previously. That theme is that timely action to prevent the occurrence of the damaging condition, whether it concerns child health, poverty, homelessness, hunger, inadequate education, school-age childbearing, unemployment, unavailable and poor quality day care, child abuse, or drug and alcohol abuse, will result not only in less suffering for the persons involved but also in enormous savings and economic benefits to the State over the long term. Failure to make those modest investments today will surely have the most serious consequences for our State and nation in the future. It is literally the case that this places society at risk.

One could argue that there should be no need for such prevention strategies, that society's responsibility is to provide more than just public education, roads, bridges, libraries, and water and sanitation systems. Society's responsibility includes the provision of schools that work, basic health services for all, enough job opportunities that pay living wages that all who want and are able to work will have jobs, and equality of opportunity for all citizens. Were society meeting its responsibilities in these and other domains, "prevention" strategies would not be necessary because the problems would not exist.

But, of course, such a utopian condition is beyond the realm of practical achievement within realistic political, social, and economic limitations. This means, then, that prevention strategies are needed to address the problem areas identified above.

Although problem-specific services may be required in some problem areas, we are impressed with the interrelationships among problem areas and the fact that some prevention strategies actually address multiple problem areas. Here are some illustrations of such prevention strategies:

Family Life Classes: Such classes are often used to address such varied problem areas as health (general and specific), malnutrition, school-age childbearing and parenthood, child abuse and maltreatment, even poverty.

Improved Educational Opportunities: Educational programs are directed toward reducing poverty, understanding the etiology and consequences of school-age childbearing, preparation for

employment, and reducing delinquency and crime. Present high rates of illiteracy and marginal literacy require an education system that serves the community at large. This is particularly true in New York City and other large metropolitan areas where large populations live for whom English is a second language.

Job Training, Placement Services, and Jobs that Pay a Living Wage: Such services reduce poverty, reduce incidence and frequency of child abuse and maltreatment, reduce the incidence of single, female-headed households, increase the amounts and frequency of child-support payments from noncustodial parents, and reduce delinquency and crime.

Health Assurance: Ready access to adequate, timely, and comprehensive health care including child immunization greatly reduces the incidence and sequelae of disease, reduces infant and maternal mortality, morbidity, and infant low birth weight, and avoids many important health and developmental problems through early diagnosis and remedial action.

Low Cost, Adequate Housing: Housing is related, both directly and indirectly, to a range of problem areas such as health hazards and educational achievement as well as the more obvious problems of homelessness, hunger, and poverty among children and families.

It should be mentioned, however, that such strategies cannot provide equal opportunities to all citizens because of individual variation and cultural and religious differences. For example, a subway placard announcing literacy classes cannot reach directly a person who cannot read. Cultural differences among subgroups in society mean that some services, information, and programs are unacceptable, e.g., birth control information to Catholics, abortion to Catholics and some Protestant groups, putting an unplanned child up for adoption to certain Hispanic groups, removing a child from parental custody to some fundamendalist religious groups. Society's efforts to provide preventive programs in problem areas relating to families and child development must respect such cultural differences and work within them.

One broad strategy in prevention that holds great promise for further development is the exploitation of multimedia approaches. We are impressed with the degree of success achieved over the past decade or so by the antismoking campaign in the United States, a good example of a multimedia approach. Smoking has been attacked on a variety of fronts: health warnings from successive surgeon generals, including warning messages on cigarette packages and in print advertisements; prohibition of advertisements for cigarettes on radio and television; entertainment television shows fewer positive characters as smokers (in marked contrast to reruns and old movies where stars are often shown smoking); annual "smoke-outs" have emphasized the hazards of smoking; advertising campaigns against smoking have recruited participants of national visibility, e.g., Edward R. Murrow and Yul Brynner; equipment in support of smoking is less often available in public places (ashtrays may soon be as rare as spitoons); smoking in restaurants and other public places is often restricted to certain designated areas; airlines are required to provide passengers with

seats in nonsmoking areas and smoking has been banned altogether on short flights and on some Amtrak trains; nonsmokers have become more assertive in insisting upon a smoke-free environment in the workplace and in many meetings. In summary, messages about the dangers of smoking have been flooding the media at the same time that changes in the environment have made smoking less acceptable and more inconvenient in many contexts. This combination of changes has been effective in reducing tobacco use, in getting many smokers to quit, and in getting many others to never start. One result is the decreasing incidence of lung cancer in men. (Women, unfortunately, have been slower to respond: lung cancer among women is still increasing.) Although this campaign has probably been more effective with persons in higher socioeconomic groups than others, the level of success achieved so far is encouraging and is testimony to the effectiveness of such a multimedia approach in stimulating changes in behavior under voluntary control of individuals.

Recently, the fight against AIDS has taken to the media with information about the disease and its prevention. Influential figures have been seen speaking out on the subject. There have been personalized accounts of the disease; there have been news stories about child victims who have been ostracized and the resultant outcries on both sides of the issue. At-risk groups have staged highly visible protests about inadequate funding of research on AIDS. Although this campaign is relatively young, its effectiveness in reaching a wide audience with crucially important information is further evidence that a multimedia approach to prevention really can change behavior.

Our experience with efforts to modify behavior in these two problem areas suggests that strong national and statewide campaigns can be effective in inducing people to adopt lifestyles that greatly reduce health risks. We see a somewhat similar pattern of experience in efforts to reduce drunken driving through campaigns by groups such as MADD (Mothers Against Drunk Driving) and SADD (Students Against Drunk Driving).

We see no reason why progress in prevention in other problem areas could not be improved by multimedia, multilevel campaigns similar to those mentioned above. School-age childbearing, child abuse and maltreatment, prenatal and infant care, the hazards of dropping out of school, for example, would all seem to be as amenable to major, coordinated efforts to change voluntary individual behavior.

The area of education for family living and child care has frequently been recommended as an effective means of preventing school-age childbearing, child abuse and maltreatment, delinquency, and of providing social support for parents. These efforts usually have involved the use of written materials, classes, workshops, and remedial programs through work by home visitors or health aides. A few outstanding television specials have tackled specific topics but there is little evidence that they were watched by people who are likely in the greatest need for the information. Some short television spots that consider important issues in child and parent relationships and family life have been developed and broadcast by the Church of Latter Day Saints and by the Catholic Church, but their number is small and the frequency of broadcast is low.

Entertainment television has virtually untapped potential for public education in a number of problem areas related to child development and family life. Family planning groups have noted that entertainment television often makes clear to the viewer, either by implication or by scarcely veiled demonstration, that sexual intercourse takes place between the actors but the responsible use of pregnancy prevention measures is almost never alluded to, let alone shown. In the few instances in which pregnancy prevention actions were depicted, they have been in middle-class-oriented situation programs or in specials with probably rather limited audiences. It seems to us that there is evidence to suggest the possible effectiveness of multimedia campaigns in other problem areas, for example, a media blitz on "saying no" to sex, including information on pregnancy prevention, commentary and representation of responsible sexual and pregnancy control behavior, and the importance of education and training. The incorporation of such messages into special programs and existing programs seems promising. Indeed, if such messages could be included in such widely watched programs as the daytime serials ("soaps"), this would constitute important augmentation of existing information oriented programs and written materials and classes on family living and might well reach audiences that cannot be attracted to classes.

Similar strategies applied to the importance of schooling and training are not likely to be as effective unless they are accompanied by available opportunities in the systems of education and employment. Such a media blitz would have to be accompanied by real opportunities for jobs and an effective educational system that was accepting and encouraging, particularly of Blacks and most especially of young Black men. Media presentation alone cannot change the bleak situation faced by young Black men with regard to education, job training, and employment. Although some of the issues around the timing of pregnancy and use of alcohol and drugs are almost entirely under the voluntary control of the individual, major changes in poverty, education, and employment have to come from the system. Individual motivation and persistence can prove effective only in an environment that recognizes and rewards them.

Dr. Mitchell Rosenthal, a member of this study's advisory panel, cautions that, at least in regard to the problem of drug abuse, emphasis on prevention must be balanced with concern for treatment:

> Although, in general, an approach to problem resolution should be adopted that recognizes the primacy of prevention, not every problem can be resolved either by prevention alone or by a strategy that emphasizes prevention while minimizing other means. Drug abuse, for example, can only be addressed by a balanced response that recognizes distinct but inter-related roles for enforcement and treatment as well as for prevention. Such a response, however, in order to be effective, must involve participation by all parts of the community. Indeed, without a community commitment to control drug abuse, no strategy can hope to have significant impact.
>
> It should be pointed out that prevention of youthful drug abuse is not likely to work where adult drug use is tolerated. Nor will prevention efforts among adolescents be effective if there are no treatment resources for youngsters already drug dependent or intervention

resources for youngsters already drug-involved (Rosenthal, March 31, 1988, personal communication).

Sensitivity to Needs of Children and Families

Major progress in alleviating the wide range of serious problems now facing New York's children requires the coordinated cooperation of government at all levels, private business and industry, the health, education, and religious communities, voluntary community organizations, and, of course, the families. Leaders in each of these domains must find ways to mobilize resources and, in cooperation with their counterparts in other domains, mount new attacks on particular problem areas. City, state, and federal government leaders, for example, must work out a cooperative plan for finding a better solution than welfare hotels to housing the urban poor. New and adequate solutions to the child-care problem require the active participation of federal, state, and local government, and business and industry as well as educational, religious, and community organizations. Similarly, solving the Black unemployment crisis will require the same kind of broad, multilevel cooperation. Meeting the health needs of New York's children cannot be left to the health professionals alone—broad involvement of government, business and industry is essential.

This will require the development throughout society of a new and keener sensitivity to the importance of children both for themselves and as the workers, leaders, and parents of tomorrow. The needs of children and families must be made more salient in the deliberations of the leaders of New York State, not just in government but in all sectors—business and industry, labor, health, education, religion, and voluntary organizations.

Some efforts in this direction are seen in the Family Impact Seminars at George Washington University and the series of publications that emanated from them (e.g., Bohen and Viveros-Long, 1981; Stewart, 1982; Hubbell, 1981). These seminars engage in *family impact analyses*, defined as assessments of the consequences for families and children of the intended and unintended effects of policies, principally of governmental policies but corporate policies also should be considered (e.g., with regard to flexible work arrangements to accomodate the needs of two-worker families with young children). Moen and Schorr (1987) discuss the need for family impact analyses:

> Most social and economic policies affect families to some degree; what is required is an estimate of these effects overall, and of the various types of families most likely to be touched. Much that affects families is *unanticipated*. Much that affects families is also *indirect*, a by-product of policies concerned with such basic economic issues as the gross national product or balancing the budget. But however unanticipated, however circuitous these repercussions may be, they should not be ignored. Hence, the need for a broad-ranging family impact analysis. . . .
>
> Still, by and large, policy analyses with a focus on families are conspicuously absent, notwithstanding the convocation of a White House Conference on Families, the creation

of an Office for Families, and a growing emphasis on families as a unit of political concern. One explanation for this neglect is the very complexity of the process required to analyze family effects (pp. 806-807, emphasis in original.)

If we in New York State are to make any real progress in improving the conditions of the children and families of the State, and if such improvements once made are to be maintained, we cannot continue the level of widespread indifference and unconcern with children and families that has contributed to the present distressing conditions of too many children in our State today. We suggest that consideration be given to the possibility of asking that one or more members of each decision-making group in New York State with responsibility for policy making—whether in government at any level or in the private or voluntary sector—be designated as the person(s) charged with the responsibility of looking out for the interests of children and families by attempting to assess the impact upon children and families of current practices and policies or contemplated changes in policy. This would mean, for example, that corporate boards of directors would each have one or more members who would continually alert the full board to the likely consequences for children and families of corporate practices and policies. Every city council and town board would have its specialist in the impact of policies on children and families. This would require that every piece of State legislation be scrutinized from the standpoint of the welfare of the State's children and families. Every board of church deacons, every civic and service organization, and yes, even every school board would have a spokesperson looking after the interests of children and families. Top management of every radio and televison station and every newspaper would have someone to monitor practices and policies with respect to the welfare of children and families.

Such a system would offer promise of increasing the level of sensitivity statewide to the needs and changing conditions of New York's children. While this alone certainly would not solve all the problems in the State where children are concerned, it does seem like a useful step in the right direction.

LOOKING UP

Other sections of this report paint a rather grim picture of life circumstances for one-quarter to one-third of New York's children and their families. There is no gainsaying the fact that New York State faces some serious problems that will not be easily solved in improving the chances for the healthy development of these children and others born into similar circumstances in the future. However, there is no cause for despair and we need not feel overwhelmed by the enormity of the tasks before us. In this part of the report, we want to review, under three headings, some reasons for optimism about eventual success: (1) evidence of recent, more widespread and serious concern for addressing the problems of New York's and the nation's children; (2) a review of some illustrative programs in operation with demonstrated or potential success in addressing such problems; and (3) identification of some principles that such programs have in common.

Evidence of Recent More Widespread Concern for Children's Welfare

In addition to the many long-standing indications that society values and cares for its children, we are encouraged and heartened by an apparent groundswell of concern for New York's and the Nation's children as shown in several recent developments.

Governor Cuomo's "Decade of the Child" Declaration: When Governor Cuomo made this declaration in January of 1988, he sent a powerful message of inspiration and hope to child advocates throughout the state. It recognized both the importance of addressing the needs of New York's children and the difficulties that must be overcome in improving the unsatisfactory conditions under which too many of them live today. Although many wish that the declaration had been followed by the dedication of more resources to vital children's programs, the declaration constitutes an important first step toward major improvements.

The State of the Child in New York State, 1988: The release of this report by the New York State Council on Children and Families represents a major milestone and a contribution of great significance to the task of improving conditions for New York's children and families. Years in development, the Council's report, from which the present study has drawn heavily, makes available for the first time a wealth of carefully documented factual information on the conditions under which New York's children are living and how those conditions are likely to change over the next several years. Policy makers now have available a rich storehouse of information on which to base policy changes. The Council has performed an extremely valuable service in preparing this remarkably comprehensive and scholarly resource book. The work that went into it testifies to the dedication of the Council's staff to improving the living conditions of New York's children and families.

Project 2000: The very fact that the present study of New York's children was commissioned reflects the concern of the Governor, the state legislature, the State University of

New York, and Cornell University with the problems of New York's children. Moreover, the participation of 31 state leaders in work with children as members of the advisory panel for this study constitutes further evidence of growing awareness of the problems of children and families and interest in finding solutions. Their willingness to take time to attend the meetings and offer their advice in the preparation of this report has been an inspiration. Other Project 2000 studies, especially the one on population, have made additional contributions.

Task Force on Preventive Policies for At-Risk Children Aged Seven and Younger: This task force is sponsored by New York Governance in the 21st Century, a project of The New York City Partnership, the Nelson A. Rockefeller Institute of Government, and the State Academy for Public Administration. The charge to the task force was stated in the Preface to the report of the Task Force:

> This Task Force was charged by New York Governance in the 21st Century to recommend policies and practices designed to save the children in New York State who are at risk or who may become at risk of being denied the opportunity of becoming a contributing member of society. This required a long and hard look at the status of children. We focused on the youngest, from those as yet unborn to those up to the age of seven (p. V).

Cochaired by Vartan Gregorian, President and Chief Executive Officer, New York Public Library, and Ronald Shelp, President and Chief Executive Officer, New York City Partnership and New York Chamber of Commerce and Industry, the task force includes over 125 leaders from business and industry, government, labor, voluntary associations, and education throughout the state. The group first met in Albany in February 1988, and again in November 1988, in New York City. In the interim between meetings, the work of the Task Force was carried out by three subcommittees, each of which prepared and submitted a draft report. Their topics were: (1) Creating a Climate for Change; (2) Immediate Survival Needs of Young Children Who Lack Social Capital; and (3) Survival to Employment in the 21st Century.

The *Report and Recommendations* of the Task Force (New York Governance in the 21st Century, 1989) was released in January 1989 at a joint press conference with Governor Cuomo, who indicated his support for the principal recommendations. Copies of the report have been provided to all members of the New York State Legislature. The report calls on the federal, state, and local governments to increase spending on certain key programs of social service, especially those with preventive goals, by $500 million over the next several years. It stresses the point, however, that government cannot do the job alone, that the private sector must also participate. Co-chair Ronald Shelp was quoted in the *Albany Times Union* of February 1 as saying, "Spending has to be viewed as an investment, because our workforce is the state's most valuable resource. This is clearly a problem government cannot solve alone."

The main thrust of the report is expressed concisely in the Preface:

> Saving the [at-risk children] will require developing a comprehensive plan aimed at preventing the loss of hundreds of thousands of today's children. Each child lost is a part of our future lost, a loss for which we will pay dearly, continually, and in many ways. As a nation, a state, a community and a family, we must recognize and respond to the needs of all children at risk. We must accept the challenge they present, and the opportunity they represent as an investment in our future. The adage, "An ounce of prevention is worth a pound of cure," has never been more apt than in this situation (p. V).

Early intervention programs of prevention were selected as having top priority for immediate attention. These include (1) prenatal care; (2) early childhood care and education; (3) health care for young children; and (4) immunization programs. To assist in meeting the goals of the Governor's Decade of the Child, the task force recommends the development of a public/private New York State Partnership for Children which would strengthen local early intervention programs and ensure progress across the state.

The Task Force meets again in October 1989, to review progress in implementation of the recommendations of the Task Force. This is a very impressive effort that indicates widespread recognition of the importance of mounting effective programs to improve the living conditions of New York's at-risk children.

Commissioner's Task Force on Children and Youth At Risk: This task force, created by State Education Commissioner Thomas Sobol, reported in October 1988, a set of recommendations that are quite congruent with those of the Task Force on Preventive Policies for At-Risk Children Aged Seven and Younger. The Commissioner's Task Force recommendations emphasized collaborative arrangements between public and private organizations to ensure that health, cultural, recreational, job-related, and social services are available to the state's at-risk children and families.

New York State Interagency Task Force on Children and Youth: This task force, created by Governor Cuomo, chaired by Henrik N. Dullea and codirected by Jim Purcell and Phyllis Silver, included as members the heads of 12 state agencies that offer programs for children. Six persons served as liaison between the task force and appropriate legislative committees. As of November, 1988, this task force had prepared and distributed for comment reports of workgroups focusing on five topics: (1) Local Planning for Children, Youth, and Families; (2) New Directions in Accountability for Children's Services; (3) Access to Services; (4) Capital Plan; and (5) Funding Services for Children and Families. The work of this task force indicates the dedication of the Governor and the major agencies of New York State Government to identify weaknesses in state services and to develop ways of improving these services to the children of the state. Having read the draft reports, we can say that they appear to us to be honest, forthright, and penetrating efforts to address important problems. The final report of the task force is being prepared for release at this writing.

Agenda for Children Tomorrow (ACT): This joint project of United Way of New York City and the New York Community Trust seeks to stimulate a broad and renewed commitment to New York City's children. ACT has established an advisory group of experts and leaders in the fields of child health, welfare and education, and funders with a demonstrated interest in children to promote constructive dialogues between those in the voluntary sector, government, business, and funders. ACT has reviewed over 50 recent reports on children's issues together with their 300 recommendations.

On January 18, 1989, ACT sponsored a Community Roundtable in New York City to stimulate discussion of issues identified in the reports. Coordinated by the New York State Council on Children and Families as part of its statewide effort to receive local input into an agenda for the Governor's Decade of the Child, the roundtable attracted city and state government leaders, representatives from business and the voluntary sector, and other experts on children's issues. Work groups focused on four topics: (1) Project Giant Step; (2) *New York Ascendent* Education Recommendations; (3) Locally Based Family Services; and (4) Children and Drugs.

Here we see evidence of recent and sophisticated interest in addressing the problems of an important subset of new York's children, those in New York City, where, as we have seen above, the problems are particularly acute.

Report of the New York State Task Force on Poverty and Welfare: This report, entitled *A New Social Contract: Rethinking the Nature and Purpose of Public Assistance*, was released in December 1986. Prepared by a blue ribbon panel that included some of the most distinguished social policy experts in the nation and the heads of appropriate New York State agencies, this report anticipated the recently enacted federal welfare reform law by emphasizing the mutual responsibilities of citizens and society in enabling all potential workers to achieve self-sufficiency through work. In the letter of transmittal to Governor Cuomo, Task Force Chair Ilene Margolin said: "The reforms suggested herein are investments in the future of our nation's families and children."

This report takes issue with those who have given up on the "welfare mess" as an insoluable problem. It points out that many of the nation's social programs have contributed to truly remarkable accomplishments such as: (1) The proportion of the elderly who are poor has declined from one in three 25 years ago to one in ten today, an improvement directly attributable to Social Security and Supplementary Security Income, both indexed to inflation, and other programs such as Medicare; (2) members of minority groups have been able to move into the middle class in increasing numbers, aided by social programs such as civil rights, Head Start, and Pell grants; (3) health care for the poor has improved as a result of programs such as Medicaid and the Special Supplemental Food Program for Women, Infants, and Children (WIC). The report concludes:

> All Americans can be proud of these historic achievements, and can be inspired by them to attack the problems that remain. These accomplishments show us that we have the capacity to create a better society, in which more of our people share in our nation's prosperity (p. 5).

New York State Commission on Child Care: Created by Governor Cuomo in 1984, this Commission worked for two years on issues related to needs for child care in New York State. It was charged with developing a comprehensive plan for child-care services to children and parents throughout New York State. The membership of the Commission included over 50 citizens statewide and 28 of them served on the Commission's Advisory Board. Cochaired by Matilda Cuomo and Judith Avner, and with Polly Spedding as Executive Director, the Commission released its final report, entitled *Hard Questions/Straight Answers: Child Care Policy for New York State*, in October 1986. This report emphasizes the issues of availability, accessibility, affordability, and quality of day-care services.

Statewide Youth Advocacy: Although not new, this vigorous private organization, through its publications and lobbying on behalf of New York's children, has played an important role in calling attention to children's problems and in generating interest and support for policies and programs that target them. The recently developed analyses of state budget allocations for children and families have been a central part of these efforts. The children of New York have an important ally in SYA.

The Forgotten Half: Pathways to Success for America's Youth and Young Families: This is the title of the final report of the William T. Grant Foundation's Commission on Work, Family, and Citizenship, released in November 1988. The Foundation's President, Robert J. Haggerty, M. D., has described the Commission's unique perspective:

> Against a rising chorus of legitimate concern about the many problems facing today's youth, the Foundation has initiated this Commission on Youth and America's Future to speak in a different voice. It will explore the strengths of America's young men and women, their families, and the programs and community institutions that serve them. We adopt this approach not to diminish the importance of the problems that exist, but to learn the lessons of success. The Foundation is confident that this effort to look with renewed respect at youth, where they stride as well as where they stumble, will help forge the links of understanding and mutual responsibility that make our democracy strong (The William T. Grant Foundation, 1988, inside front cover).

The Forgotten Half is the term this report uses to refer to the 20 million non-college-bound young people in this country, about half of all those in the 16-to-24-year-old age group. The report reviews the evidence that these young people—those trying to begin their careers with only a high school diploma or less—face a much more difficult challenge today than did their peers of even 15 years ago.

> Typically, they cope with bleak job prospects by delaying marriage and the formation of their families. Many stop looking for work altogether. Disappointed in their ambitions and frustrated in their efforts to find a satisfying place in their communities, an unacceptably high number of young Americans give little in return to their families, their schools, and their work—institutions that have often shortchanged them. A kindlier society would support the Forgotten Half; a more gentle people would encourage them. A pragmatic nation would acknowledge that its very future depends upon them (p. 1).
>
> *The world around us has changed, but our institutions have not responded with the flexibility required to help lay a new foundation under young families and their children.* We have never defined what we want for, or from, the young among us who do not attend college. We wish them to be "educated"—but we cannot define what that means in practical terms. We hope they will become "employable"—yet the typical employment made available to non-college graduates in the emerging service economy too often supports a family only at the poverty level. We want them to be "good citizens"—but we do not weave them meaningfully into the fabric of our communities (p. 3, emphasis in original).
>
> Pointing to specific, hopeful examples, this report recommends improved relationships with adults, increased family and community support, and better opportunities for education, employment, and community service to achieve a more equitable balance in the Forgotten Half's odds for success. *These are necessary first steps to a fair chance for the non-college-bound.* Alone, these recommendations cannot guarantee the economic vitality in which troubled young families can overcome their difficulties and flourish. Rather, they are designed to ensure that, as our nation's leaders and businesses re-establish America's economic position and create expanded opportunities for productive labor at a decent family wage, members of the Forgotten Half will be well-equipped to take their place as first class contributors in a world class economy (pp. 2-3, emphasis in original).

Bringing Down the Barriers: This 1987 report from the Center for Policy Research of the National Governors' Association is one of two included in the project, *Making America Work: Productive People, Productive Policies*. Included are the recommendations of five task forces that focused upon the most widespread and crippling barriers to productive lives in America today: (1) welfare dependency; (2) school dropouts; (3) teen pregnancy; (4) adult illiteracy; and (5) alcohol and drug abuse. This report shows dramatically that the problems that New York State faces in improving the living conditions of its children are shared widely across the 50 states and that New York can benefit substantially from a broad-based, collaborative approach, drawing upon the experience and wisdom of those in other states as well as that of our own people. Delaware Governor Michael N. Castle, Chair of the Task Force on Welfare Prevention, illustrated these points in his summary:

> The information emerging from the Barriers task forces about the interrelated nature of the problems of teen pregnancy, substance abuse, school dropouts, and adult illiteracy, and their common bases in low academic achievement, low self-esteem, and restricted life options, haunted us as we searched for the key elements of a strategy for children.
>
> A simple yet profound truth emerged. Through investment in some very basic protections for our children, we can reduce their risk of dependency, their risk of failing in school, their risk of unhealthy lives, their risk of feeling that life has little to offer them. Comprehensive prenatal care, preventive health care, a healthy diet, child care that enhances children's

> educational and social development, family resource centers to nurture and support the efforts of parents to raise healthy children, and recreation opportunities that positively engage children's energy—these are the things in which we must invest.
>
> . . .We can all look at the streams of discouraging statistics and see a large and hopeless mess. Or we can look at the statistics and see opportunity—opportunity to change the way we do business, to invest wisely, systematically, and substantially in prevention.
>
> . . .We must act in concert—Governors, Congress, county commissioners, mayors, state legislators, citizen advocates, communities, and churches. We must act deliberately and thoughtfully, incrementally implementing investment strategies based on tested ideas. . . .
>
> Our problems are complex but they can be solved. We cannot afford not to solve them. Our very survival as a nation of compassion, creativity, and strength depend on it (p. XI)

Examples of Programs That Work

From an extensive literature of published and privately circulated documents, we have selected for brief description here several programs designed to address some of the problems that beset our children today. Hundreds of others could have been cited, but these are ones that appeared to us or to members of our advisory panel as particularly appropriate to this purpose, often because they illustrate important principles of effective programming. Some are government programs, others strictly private, still others are under joint sponsorship. Some include careful evaluative studies of their effectiveness, others show promise but have yet to undergo rigorous evaluation.

Prenatal/Early Infancy Project: Directed by David Olds, University of Rochester Medical School, Rochester, New York, this project—under government and foundation funding—provided pre- and postnatal home visitation by specially trained nurses to disadvantaged women having their first babies in Elmira, New York. In the home visits, the nurses offered education on parenting, ways of strengthening support networks, and information on available community resources. Mothers and children were also provided with transportation to obtain health care and babies were given sensory and developmental screening with referral for needed treatment until age two. Mothers were randomly assigned to treatment and comparison groups in order to permit a careful evaluation of treatment effects.

During pregnancy, treatment group mothers compared with comparison group mothers made better use of community services, experienced greater social support, improved their diets, reduced the number of cigarettes smoked, had fewer low birth weight babies, and longer periods of gestation. After delivery, treatment group mothers in the highest social risk category (poor, unmarried teenagers) had fewer verified cases of child abuse and neglect over two years, restricted and punished children less often, provided their children with more appropriate play materials, were seen in hospital emergency rooms fewer times, and had fewer pregnancies. Mothers who had not completed high school returned to school more often in the first two postpartum years. Older poor and unmarried mothers had fewer subsequent pregnancies and were employed more months.

For more information see: Olds, Henderson, Tatelbaum, and Chamberlin, 1986.

Center for Family Life in Sunset Park: Directed by Sister Mary Geraldine and Sister Mary Paul, both with formal training in social work, this center offers a broad range of services and supports for families living in Sunset Park, Brooklyn, New York. Program philosophy emphasizes flexibility—the provision of whatever services may be needed in each particular case. These may include counselling; group therapy; support groups for parents (in both English and Spanish) and play groups for children; in-home help; assistance in obtaining food stamps, medicaid, and other public assistance, emergency groceries; assistance with tenant/landlord problems and other advocacy issues; employment services; child care; after-school recreation programs; and psychological and psychiatric evaluations.

The Center is open seven days and evenings a week, from 8 A. M. to 11 P. M. and welcomes members of families with at least one child under 18 and any pregnant woman. All services are provided free of charge and confidentiality is carefully protected. The Center is supported by grants from New York City, New York State, foundations, corporations, and individuals. It is a program of St. Christopher-Ottilie, a child-care agency serving children and families in metropolitan New York, Nassau, and Suffolk counties.

For more information, contact: Center for Family Life in Sunset Park, 345 43rd St., Brooklyn, New York 11232, (718) 788-3500. (Inclusion here suggested by panel member Barbara Blum.)

The Phoenix Academy: Located in Shrub Oak, New York, this is a fully accredited, residential high school for youngsters (aged 15-20) in treatment for drug use. It is operated by Phoenix House and the New York City Board of Education on a 140-acre campus in rural Westchester.

Treatment and studies are mutually supporting. The school's 250 students carry full academic loads plus extra remedial and/or independent studies. They meet treatment demands of the therapeutic community that have been adapted for adolescents and include a substantial amount of family involvement. In addition, Academy students fulfill work-study responsibilities by participating in day-to-day operation of the school.

"Average" students at the Academy were recently characterized by the school's directors as "the kids Joe Clark throws out of his school." Half of them had their first drug experience before age 12, 80 percent before age 14. Nearly three-quarters of them were addicted to crack and 40 percent were raised by single mothers. Suicide contemplation or actual suicide attempts were not uncommon and a quarter of the students were either on probation or were defendants in pending legal action. Nine out of ten were not attending school when they entered treatment.

Nevertheless, many students complete four years of course work in two years. Some return to their home schools to graduate with their classes, and others earn diplomas at the Academy. A good number go on to college. Some start advanced career training or enter the workforce. The Academy has an extensive vocational education program and a vocational services office staffed by a job developer as well as vocational counselors.

"Graduation" from the Academy means more than earning a diploma. It means successfully completing the treatment program and demonstrating the capacity to live drug-free, productive lives away from the school. This involves changes not only in behavior but in attitudes, work-view and self-image as well—changes that are fostered and supported by the therapeutic community's self-help approach to treatment with its emphasis on responsibility for self and for others.In most ways, however, Phoenix Academy is like any other boarding school. There is no drug use, of course, but there are extracurricular activities, sports and clubs, a student council, a chorus, and a school newspaper.

For more information, contact: Dr. Mitchell S. Rosenthal, President, Phoenix House Foundation Inc., 164 West 74th St., New York, NY 10023, (212) 595-5810. (Inclusion here suggested by panel member Dr. Rosenthal.)

The New York Children's Health Project (NYCHP): This project, located at New York Hospital-Cornell Medical Center, is a new program that was developed to meet the health care needs of children living in transitional hotel housing in New York City. In conjunction with the City and other providers of health services to homeless children, it is the goal of the NYCHP to increase access to adequate and effective health care for all homeless children.

Health services will be provided primarily by a mobile health unit that will make visits to specific hotel sites on a regular schedule. Services of the mobile health unit include routine well-child/preventive care, including immunizations and screening tests; physical examinations for Head Start/Day Care, school, and camp; acute illness care and referrals as needed; health education and counseling services; and access to other pediatric support services (psychology, social services, etc.).

The NYCHP will also provide outreach services to children living in hotels that are not covered by the mobile unit. The full range of pediatric ambulatory care services at the New York Hospital-Cornell Medical Center will be available to all children living in transitional housing. In addition, the NYCHP team will be available for any special needs or problems that may be identified among the homeless families living in New York City.

For more information contact: Andrea Berne, MPH, Project Coordinator, (212) 472-6690. (Inclusion here suggested by panel member Dr. Maria I. New).

School-based Pregnancy Prevention Project: Administered by the staff of The Johns Hopkins School of Medicine's Department of Pediatrics and Department of Gynecology and Obstetrics, this project was carried out with the cooperation of the administrators of four junior high and high schools in the Baltimore, Maryland school system. The project provided the students attending one of the junior high schools and one of the senior high schools with sexuality and contraceptive education, individual and group counseling, and medical and contraceptive services over a period of almost three years. These services were provided on a confidential basis in clinics near the schools and were free of charge. Students in the other schools received no such services but provided baseline and end-of-project data, serving as the control sample. An evaluation component, designed to assess changes in the knowledge, attitudes, and behavior of the school populations, was built into the project from the outset.

The students were from predominantly Black, inner-city families of low socioeconomic status. Many were residents in high-rise, public housing. At the beginning of the study, high levels of sexual activity were reported by the students in all the schools.

This project demonstrated significant changes in several areas of adolescent knowledge and behavior—changes that have major implications for the formulation of public policy and program design. The results are based on the school populations as a whole, and do not compare the individuals who used the program services with those who did not. It is highly noteworthy, therefore, that the differentials are nonetheless statistically significant, and reflect a broad impact on the school community.

The results showed that access to the pregnancy prevention services provided by the project did not encourage early sexual activity. Pregnancy rates were reduced among older teenagers and the rapid rise in pregnancy rates among younger teenagers was halted—reduced by some of the measures. The program appeared to encourage younger sexually active teenagers to develop knowledge and patterns of behavior usually associated with older adolescents. This accelerated protective behavior coupled with evidence that first coitus was not encouraged but, in fact, postponed should provide solid support to the current movement toward the introduction of school-based clinics. This program apparently created an atmosphere that allowed teenagers to translate their attitudes into constructive preventive behavior.

For further information see: Zabin, Hirsch, Smith, Streett, and Hardy, 1986. (Inclusion here suggested by panel member Shirley Gordon.)

"I Have a Dream" (IHAD) Foundation: This began as an unusual bit of generous philanthropy in 1981 when Eugene Lang, a New York industrialist, included in his invited address to the students in sixth grade of P. S. 121 in East Harlem an offer to pay the college expenses of any of the students in the audience who completed high school. Lang, himself, had been a student in P. S. 121 many years earlier. He was trying to dramatize his belief in the importance of education

for these Black and Hispanic children and he hoped that this would in fact make it possible for these students either to attend college or qualify for good jobs upon graduation from high school.

Lang soon realized, however, that more was required to enable these students to complete high school than just the incentive of college expenses upon graduation. He wound up developing a comprehensive, intensive, and flexible support program to help these students remain in school. As Project Coordinator, Lang employed John Rivera, a college student who had grown up in East Harlem and who had worked as a volunteer in youth work. The project coordinator maintained personal contact with the students and their families and organized activities and assistance to provide students with tutoring and other support services as needed. He helped families with housing problems, set up a writing class for the students, and ran support groups to give the students an opportunity to talk about whatever was troubling them. His flexible approach always had keeping the students in school as the bottom line.

The success of the program is indicated by the fact that all but a few of the students still living in New York City actually did complete high school and many are in college. This is an astonishing success rate in a neighborhood where dropout rates range between 40 and 75 percent.

Lang has encouraged others to develop similar programs for students in other parts of New York City and across the country. At latest count, nine other IHAD projects sponsored by other businessmen had been started in New York City; across the country, a hundred sponsors were engaged in similar efforts involving some 4,000 students.

For more information contact: John Rivera, Project Coordinator, "I Have a Dream" Program, Youth Action Program, 1280 5th Ave., New York, NY 10029. (212) 876-8100.

Schools as Community Sites Pilot Project: A project of the State Education Department, the State University of New York, the Schools as Community Sites Pilot Project has been under development since the Regents' policy statement on Education and Community Renewal was adopted in 1985. As described by Nancy Croce, Coordinator, Community Schools Task Force, State Department of Education, this project seeks to assist elementary schools in economically distressed areas to develop comprehensive programs that integrate and coordinate enriched educational programs with support services. Funds are used by pilot schools to develop programs that coordinate a wide array of educational, social, health, recreational, and other resources to help students improve their performance in school.

Schools participating in the project will be open from early morning to late evening and will operate on an extended school year. In addition to spending significantly more time on instruction, these schools will provide homework assistance, tutoring, and other enrichment activities. The longer school day will also enable working parents to become actively involved in the education of their children and to enroll in adult education and service programs.

The schools will provide support services, including day-care and latch-key services, along with related social and health services including nutrition, drug prevention, and counseling adapted to each student's needs. In offering this expanded array of services to students and their community, the schools will not necessarily provide the services themselves, but will coordinate services available from already existing State and local agencies, as well as from community-based organizations.

Community schools are expected to become centers for community activities aimed at improving student performance. Teams of mentors consisting of teachers, retired persons, college students, and high school students will tutor elementary school students and encourage them. Local businesses will be invited to participate by sponsoring a school or allowing employees to work with teachers and other school officials.

To provide leadership for the community schools, the plan envisions a management team composed of district and school administrators, teachers, parents, community service providers, and other professionals involved in serving students.

During the 1988-89 school year, $3 million was allocated to fund 14 pilot sites throughout New York State, from Manhattan, Brooklyn, and the Bronx to Binghampton, Syracuse, and Buffalo.

For more information contact Nancy W. Croce, Coordinator, Community Schools Task Force, Office for Policy Analysis and Program Accountability, State Education Department, The State University of New York, Albany, NY, 12234. (Inclusion here suggested by panel member Thomas Sobol.)

Grandma's House: The idea for this intergenerational model for child care comes from Dr. Nancy Rambusch, School of Education, SUNY College at New Paltz. A Grandma's House is an informal child-care setting in which caregivers representing two generations and the parents of the children served are included as members of an intentionally organized "extended family."

In a Grandma's House, unlike a typical family day-care home, the caregivers work not in isolation but in twos, providing the children with more than one adult and providing each other with the social and intellectual stimulation necessary to make such work interesting and rewarding on an ongoing basis.

The "Grandmas" will come from the numbers of educated, middle-class women who have successfully reared their own children and who are considered by their peers to be "naturals" at child rearing. They are women who enjoy being with children and who would be interested in organizing and working in a Grandma's House if it carried with it both sufficient recognition of their competence and adequate monetary remuneration. In its model iteration, the "Grandma" will be a highly qualified person both academically and experientially. She will be capable of developing

training strategies that work in an informal setting and which, in the diffusion of the Grandma's House model, can be replicated with minimum distortion. Videotaped documentation of the model program, coupled with the implementation of the Child Development Associate (CDA) training, will serve as a point of departure for staff training.

As child-care partners in a Grandma's House, the plan calls for recruiting young women with children of their own who already care for other people's children in their own homes. They may lack the experience of the Grandmas but they have a great deal of energy and affection for children. The partners will develop CDA portfolios based upon the shared experience in a Grandma's house setting. This shared work will provide both members of the child-care team with common information and strategies, modified to suit their particular setting.

Up to 12 children are cared for in one Grandma's own home by the Grandma and her caregiving partner. The children can range in age from birth to six years of age, fitting the format already recognized as a Family Day Care group home in New York State.

Parents choosing to place their children in a Grandma's House are matched for compatibility of their child-rearing values with those of Grandma and for comfort with the complementarity of child-rearing styles that shared child care inevitably involves.

The parents and children share a supper each week with Grandma where both sets of caregivers have an opportunity to exchange ideas and child-care lore as well as to "connect" with each other on a personal rather than on a merely commercial basis. Over time, the constellation of adults, caregivers, and children resembles an extended family, bound not by blood ties, but by shared child-rearing values and multigenerational perspectives.

Reconstituting, in a Grandma's House, an intentional multigenerational "extended family" is one strategy for providing support and enhancing self-esteem in all its members. Grandmas do again what they have done well before, young mothers work with older women who share their child-rearing interests, and parents choose to entrust the care of their children to a team in which they have confidence and which supports and extends their own child-rearing competence.

The model Grandma's House plan specifies requirements of program and physical facilities that assure quality child care. Plans also include methods of developing a network of associated Grandma's Houses.

For more information, contact Dr. Nancy McCormick Rambusch, Department of Elementary Education, SUNY College at New Paltz, New Paltz, NY 12561. (Inclusion here suggested by Dean James J. O'Connell, School of Education, SUNY College at New Paltz.)

Project Redirection: Developed by the Manpower Demonstration Research Corporation (MDRC), a Manhattan-based nonprofit organization that designs and evaluates programs aimed at helping the disadvantaged become more self-sufficient, Project Redirection targeted low-income women 17 years old or younger who had a child or were pregnant and who had not completed high school. The program sought to enhance these teenagers' educational, job-related, parenting, and life-management skills, while at the same time encouraging them to delay further childbearing until they became more self-sufficient. The project, with support from the Office of Population Affairs, U. S. Department of Health and Human Services, and the Ford Foundation, is the subject of a recent report by Denise F. Polit in which the findings of a five-year follow-up of the original participants are described.

The program's strategy was to link the participating teens with existing services in the community, which were suppelemented with workshops and individual and group counseling sessions provided at the program locations. It also paired each young woman with an older woman from the community who volunteered to provide support, guidance, and friendship. These "community women" received training before being matched with teens, as well as periodic in-service training.

The main demonstration phase of the project ran from 1980 to 1982 at sites in four cities: Boston, New York, Phoenix, and Riverside, California. The program served more than 800 teenagers whose average participation lasted about 12 months. The typical participant was about 16 years old, unmarried, a member of a minority group, and living in a household that received welfare. The project followed the lives of these teens and compared them with the experiences of another group of young women similar in background and status but who were not enrolled in the program.

The results of the five-year follow-up study were dramatic. The young women who participated in Project Redirection obtained significantly higher scores on a widely used measure of parenting skills and home environment. Their children scored higher on a vocabulary test and were rated as having fewer behavior problems than children in the comparison group. More of the mothers (50 percent) in the participant group who were pregnant when they entered the program breast-fed their babies. In the comparison group, only 20 percent of these mothers breast-fed their babies.

In welfare dependency, Redirection participants had a rate ten percentage points less than those in the comparison group, a difference that is especially impressive five years after the intervention. Program participants also were found to be employed 50 percent more weeks in the previous 12 months, had weekly earnings that were more than double the comparison group's, and were nearly 40 percent more likely to be working or in a school or job training progra[illegible].

One surprising finding was that, despite the explicit goal of the program of getting the participants to postpone further childbearing, they had significantly more live births than did the mothers in the comparison group. One explanation of this difference is that because Project Redirection encouraged the development of good mothering skills, one of the program's implicit messages may have been that motherhood was a much more attractive choice than abortion. The difference is in the number of live births—the two groups had similar numbers of pregnancies.

The above summary is adapted from *The Ford Foundation Letter*, November 1988, *19*, No. 4, p. 6. For more information, see: *The Challenge of Serving Teenage Mothers: Lessons from Project Redirection*, available from the Manpower Demonstration Research Corporation, Office of Publications, Three Park Avenue, New York, NY 10016.

The Bedford-Stuyvesant Restoration Corporation:

> The Bedford-Stuyvesant Restoration Corporation symbolizes the first, grand era of community development corporations. Into Brooklyn's five-mile-square Bed-Stuy section—with 450,000 people the nation's second largest black community—plagued by housing decay, school dropout, junkies, and muggers, comes a flood of investment dollars. Not for the typical poverty-program social services, but for hard investment, a new "business" approach to community development. The federal government and the Ford Foundation pour millions into the Bed-Stuy CDC. Banks and corporations pitch in; IBM opens a major plant in the neighborhood.
>
> Visit Bed-Stuy twenty years later and there's pride, not depression, the sights and sounds of an energetic place. There's Restoration Plaza Commercial Center, a visible, central core the community never had before. Within the center are stores and offices, restaurants, two commercial banks, a supermarket, an ice skating rink, the Billie Holiday Theatre. The CDC had produced or renovated more than 1,600 units of housing, restored the exteriors of 4,200 homes on 150 blocks, provided mortgage assistance to 1,700 homeowners and loans and technical assistance to 130 local businesses. Some 16,000 jobs have been created. Some summers the CDC has hired as many as 1,500 young men and women—up on ladders and scaffolds, decked out in hard hats and tee-shirts, refurbishing as many as ten blocks of brownstones in a season.
>
> True, social pathologies have not disappeared: now they crop up in such new forms as teenage pregnancies and the drug "crack." Unemployment is still a grave problem. Graffiti stains even some of the CDC's proud new structures. But Bed-Stuy has more: a new middle class. Young professionals have purchased brownstones, deciding to remain or return, becoming vital role models for their community. From restoring housing, then building a commercial core, Restoration has proceeded to the restoration of lives and the re-creation of a viable community (Peirce and Steinbech, 1987, p. 11).

This passage from the Peirce and Steinbech report describes only one of hundreds of community development projects throughout the country that have, since the 1960s, built up a record of substantial success in revitalizing communities in cities large and small and even in remote rural areas. The introduction to their report expresses well the essential idea of CDCs:

> But this movement, largely invisible to the society at large, is quintessentially American. It mirrors the qualities of our society that so impressed Alexis de Tocqueville in the 1830s: our penchant for innovative civic association, our belief that individuals can bring about change, our openness to risk taking and to bridging lines of class, ideology, and party. CDCs, in their quiet way, have become a major component of corrective capitalism; in this free-enterprise nation they are finding ways to open doors to classes and individuals otherwise excluded from the American dream (Peirce and Steinbech, 1987, p. 9).

This report includes a quotation from Stewart Perry, described as a chronicler of the CDC movement, that sets forth the basic assumption underlying the movement:

> The conception was that being poor is not an individual affair but rather a systemic disease that afflicts whole communities. Deteriorated housing, impaired health, nonexistent or low wages, the welfare assault on self-respect, high crime rates, low tax base and reduced police and school services, child neglect and wife abuse, and always the continuing export of human and financial capital—all these feed on each other, . . . nest together to create the impoverished community. [Thus the need for] a community-based and comprehensive approach to improving the local economy rather than trying desperately somehow to rebuild each individual so she or he can leave the impoverishing conditions behind . . . (Peirce and Steinbach, 1987, pp. 20-21).

Middle College, New York City: A project of the City University of New York, Middle College is an alternative high school that serves 450 high-risk youngsters who find it difficult to cope with the demands of a traditional high school. The students were former chronic truants in danger of dropping out entirely and youngsters who entered school with poor reading and mathematics skills and, in many cases, emotional and family problems. Located on the campus of LaGuardia Community College, a two-year institution that is part of the City University of New York, Middle College was founded in 1974 by Janet Lieberman of the LaGuardia faculty.

Middle College features small classes in grades 10, 11, and 12, individualized instruction, and guidance and encouragement from teachers and counselors. Daily attendance is high and from 85 to 90 percent of the students graduate. A strong majority even go on to higher education. No graffiti deface the school walls and there is no vandalism.

The success of the project is attributed to three factors. First, Middle College is small and each class is divided into houses of some 20 students who are under the special care of the house director. Faculty and counselors help each student select a range of courses and remedial services, particularly in reading and math. In time, many of the students take some courses at LaGuardia.

Second, Middle College students participate in a cooperative educational program in which they attend classes for two 13-week sessions and then spend 13 weeks working under supervision in a hospital, school, court, or social agency, for which they receive school credit but no pay. This gives them first hand experience in the real world of adults where they gain a new appreciation of education.

A third factor is an atmosphere that encourages both freedom and responsibility and persuades the students that they can succeed. Being on a college campus, with access to its facilities, also has a positive influence on the students.

The LaGuardia project is conducting a follow-up study of Middle College graduates over the past ten years to assess the school's effect on their college and work experiences.

This summary was adapted from *The Ford Foundation Letter*, 1986, *17*, 5, p. 4. For more information, contact Janet Lieberman, LaGuardia Community College, 31-10 Thomson Ave., Long Island City, NY 11101.

Principles Underlying Programs That Work

A review of programs that work, those used above as illustrations as well as many others, suggests that many of them share certain characteristics that may contribute to their effectiveness. In this section, we try to identify the main ones briefly.

1. *Comprehensiveness and Flexibility in the Provision of Services*: Most, but not all, programs that work offer a range of services to meet the varied and changing needs of multiproblem children and families. Rather than being limited and narrowly focused upon a single type of service, these programs are capable of addressing any of a variety of needs. Project Head Start is an early example of a program that is effective in part because it includes a broad, comprehensive approach to the needs of the children in the program and their families in which the health, nutritional, and social needs of the children were addressed as well as their cognitive development. The home visiting nurses in the Prenatal/Early Infancy project of Dr. Olds provided help with many different kinds of problems as needed in individual situations. The staff of the Center for Family Life in Sunset Park could provide or arrange for help with problems ranging from individual counseling to assistance with housing or obtaining medical attention for an acute illness. The Schools as Community Sites project includes resources to address problems ranging across a wide spectrum—education, social adjustment, health, recreation, drugs, and nutrition.

This characteristic of these and other programs, their comprehensiveness and flexibility in addressing a wide variety of problems, is what many social agency programs lack. Too often they are limited to dealing with problems of one particular kind and at best can only make referrals to other agencies for help with other kinds of problems. Kahn and Kamerman explained the need almost a decade ago:

> The real need is to improve personal social services for children generally. Services are fragmented now, and the establishment of multiple specialized programs under independent authority can only add to the problem. Abuse, neglect, handicap, retardation, child disturbance, or any number of other potential subcategories will not be dealt with adequately if

each strives to build the needed comprehensive system around itself, inevitably at the expense of some of the others. Each complex case requires the coordination of diverse efforts and resources—and the pool of resources and skills needed for each of the categories overlaps substantially with the pool needed for the others. Whatever the special knowledge components and interventive specifics, they are overwhelmed by the shared elements. The choice is between further fragmentation, diffusion, competition (each exploiting potential public responsiveness and support), and an effective shared system. An integrated system will maximize the general resources, accommodating special expertise, equipment, or service as necessary (Kahn and Kamerman, 1980, p. 132).

More recently, Lisbeth Schorr shows that the problem has been solved by some programs:

> In . . . programs [that work] someone takes responsibility for assuring that child and family needs are in fact met, regardless of bureaucratic or professional compartments. No one says, "this may be what you need, but helping you get it is not part of my job or outside our jurisdiction." What is perhaps most striking about programs that work for children and families in the shadows is that all of them find ways to *adapt or circumvent traditional professional and bureaucratic limitations when necessary to meet the needs of those they serve* (Schorr, 1988, p. 258, emphasis in original).

2. *Personalized Attention*: In most programs that work, services to children and families are provided with continuing, personal involvement by one or more members of the agency or program staff. Students at Middle College received close, continuing, personal attention from faculty and program staff. In Project Redirection, each teen mother had a close relationship with an older woman who worked with her on a continuing basis. In the program of the "I Have a Dream" Foundation, the project coordinator maintained a close personal relationship with each of the students and their families. Again Lisbeth Schorr describes the kind of relationship that seems to be highly effective in good programs:

> Successful programs describe their staffs as skilled and highly committed. Often staff become models to parents of effective ways of caring for and teaching children, and models to children of roles they could aspire to. The programs emphasize that their staffs have the training, support, and time to establish solid personal relationships. Professionals in these programs are perceived by those they serve as *people who care about them and respect them, people they can trust.* It is hard to know to what extent these relationships are the product of acquired skills informed by the insights of psychiatry and human development, of the unusual personal attributes of a gifted staff, of the availability of sufficient time—or some combination of these. But their importance is clear (Schorr, 1988, p. 258, emphasis in the original).

Such relationships stand in marked contrast to those that unfortunately may be characteristic of many human services. For example, a medical clinic for poor people may be staffed by a number of health personnel who merely take the next patient in line which means that the patients are likely to be seen by a different person each time they come to the clinic, thus making impossible the stable, continuing, personalized kind of relationship that seems so effective in programs that work.

3. *Ready Availability or Accessibility*: Effective programs usually are available most of the time and are readily accessible to those who need the services. The Center for Family Life in Sunset Park, for example, is open from early morning to late at night seven days each week and it is located in the heart of the community it serves. The students in Phoenix Academy live in a therapeutic community where all services are readily accessible. The New York Children's Health Project brings health care to homeless children where they live via the mobile health unit. The School-Based Pregnancy Prevention Project provided services in clinics located near the target schools, easily accessible on a confidential basis and without charge.

4. *Recognition of Child and Family in Context*: Another feature of many effective programs is that their approach recognizes that a child's problems are usually embedded in a family's problems and that, in turn, the family is part of the broader community or neighborhood which may also be characterized by its own problems. The Schools as Community Sites program encourages parents to become active participants in improving their children's education. The Bedford-Stuyvesant Restoration Corporation takes a broad, community-wide orientation to the problems of poor children and their families. In the "I Have a Dream" Foundation project, the project coordinator worked not only with the high school students but also with their families, even helping them solve their housing problems.

Lisbeth Schorr gives prominence to this principle:

> Successful programs *see the child in the context of family and the family in the context of its surroundings*. The successful school mobilizes parents in a collaborative effort to impart a love of reading, and of every other kind of academic learning. The clinician treating an infant for recurrent diarrhea or a child with anemia sees beyond the patient on the examining table to whether a public health nurse or social worker needs to find out what kind of nonmedical help the family may require (qualifying for food stamps or the WIC nutrition program, help with homemaking), or whether something must be done about a contaminated water supply. Successful programs are able to offer services and support to parents who need help with their lives as adults before they can make good use of services for their children (Schorr, 198, pp. 257-58, emphasis in the original).

5. *Responsible Involvement of Clients*: Project Head Start has demonstrated the importance of responsible involvement of the people a program sets out to serve. Head Start parents have from the outset been involved as program assistants and even as paid program staff. Project Head Start has succeeded in part because the people it serves have developed a feeling of ownership—the program belongs to them, they perceive it as their program. In the Schools as Community Sites program, families are involved integrally into the program operations. Grandma's House insists on family involvement through weekly joint suppers and other shared activities. The Bedford-Stuyvesant Restoration Corporation's success depended heavily on the central involvement of local residents; much was accomplished through "sweat-equity" in restoring the housing and business operations.

Lisbeth Schorr offers a succinct summary of the most important features of programs that work:

> In short, the programs that succeed in helping the children and families in the shadows are intensive, comprehensive, and flexible. They also share an extra dimension, more difficult to capture: Their climate is created by skilled, committed professionals who establish respectful and trusting relationships and respond to the individual needs of those they serve. The nature of their services, the terms on which they are offered, the relationships with families, the essence of the programs themselves—all take their shape from the needs of those they serve rather than from the precepts, demands, and boundaries set by professionalism and bureaucracies (Schorr, 1988, p. 259).

APPENDIX

SUPPLEMENTARY STATEMENTS AND DOCUMENTATION OF CURRENT CONDITIONS OF NEW YORK'S CHILDREN

In this Appendix we provide more detailed statements of the conditions of New York's children summarized in Part II, "The Conditions of New York's Children Today." The Appendix also includes documentation and citations to sources of information on which our statements of the conditions are based. These sources are identified in full in the list of references at the end of this report. Because citations to the report of the New York State Council on Children and Families are so numerous, we have adopted the acronym "SOCNY," which stands for "State of the Child in New York State," the title of the Council's report.

The conditions considered in this section are organized, as they were in Part II, above, under the following nine headings:

(1) demographic trends, including family structure;
(2) economic conditions, including poverty, employment, child-support, and housing and transportation;
(3) child care;
(4) education;
(5) health and nutrition;
(6) school-age pregnancy and childbearing;
(7) child abuse and maltreatment;
(8) drug and alcohol abuse; and
(9) racial/ethnic inequality.

Under each of these headings, we state one or several main points (in all capital letters) followed by one or several paragraphs describing the factual basis for the point, including citations to other sources for more complete information.

Demographic Trends

CHILDREN ARE BECOMING FEWER IN NUMBER AND THEY COMPRISE A SMALLER PROPORTION OF THE TOTAL POPULATION BOTH STATEWIDE AND IN NEW YORK CITY

The size of the children's population in New York has decreased steadily since 1970. From a total of 6,726,515 in 1970, the number of children in New York has fallen to an estimated 5,201,000 in 1985, a drop of 23 percent. Projections through the year 2000 indicate that this trend will continue, although the decline will slow and end by the year 2000. The pattern in New York City differs little from that in the rest of the state (SOCNY, pp. 33-35).

Because the adult population of the state increased somewhat over this time period, children comprise an ever-smaller proportion of the total population, down from 37 percent in 1970 to 29 percent in 1985 and to a projected 27 percent in 2000 (SOCNY, p. 34).

"Approximately 40 percent of the children in New York State lived in New York City in 1970, 1980, and in 1985. . . . Projections indicate that this is expected to be the case in the year 2000 as well" (SOCNY, p. 35).

THE RACIAL/ETHNIC DISTRIBUTION OF CHILDREN IN NEW YORK STATE SHOWS THAT BLACKS, HISPANICS, AND OTHER MINORITY GROUPS COMPRISE A GROWING PROPORTION OF ALL CHILDREN IN THE STATE. THIS TREND IS DRAMATICALLY STRONGER IN NEW YORK CITY

New York is one of the most ethnically diverse states in the nation. Only California and Hawaii have a greater claim to diversity. New York's diversity is increasing, partly because minority and immigrant populations are younger and have higher fertility rates. It is projected that, in the near future, four of every ten babies born in New York will come from minority groups (Alba and Trent, 1988, p. 85).

From 1970 to 1980, the proportion of all children who were White dropped from 76 to 69 percent, reflecting an absolute decrease in number of Whites of 24 percent and increases in the number of Blacks (two percent), Hispanics (eight percent), and others. This trend is expected to continue into 1985 (SOCNY, p. 38).

The racial/ethnic distribution of children changed in New York City in the same direction, but much more dramatically than in the rest of the state: Whites comprised 51 percent of New York

City's children in 1970 but only 37 percent in 1980—a decrease of 42 percent in absolute number of White children. Black children decreased slightly in absolute number but comprised a somewhat larger percentage of the total in 1980 (31 percent) than in 1970 (26 percent). Hispanic and other children increased over the decade both in actual numbers and in proportion of the total (SOCNY, p. 38). One projection indicates that this trend is likely to continue on into the 21st century: by the year 2000, non-Whites and Hispanics will account for about 60 percent of New York City's population, up from 48 percent in 1980 and only 12.7 percent in 1950 (Commission on the Year 2000, 1987, p. 19).

Of the 3.5 million children in New York State outside New York City in 1980, 88 percent were White, seven percent were Black, and five percent were Hispanic or from other racial/ethnic groups (SOCNY, p. 38).

CHANGES IN THE CHILDREN'S POPULATION IN THE STATE HAVE BEEN DETERMINED LARGELY BY FERTILITY RATES, AGING OF THE YOUTH POPULATION, AND MIGRATION

The number of births annually in New York State declined dramatically (18 percent) between 1970 and 1985, contributing substantially to the reduction in the size of the children's population statewide. This drop in birth-rate is accounted for primarily by a decrease in the average number of children born to each woman during her lifetime: down from 2.4 in 1970 to 1.6 in 1980. Since 1980, there has been a slight up-turn in the number of births, reflecting an increase in the number of women of childbearing age and slightly increased fertility rates, up to 1.7 statewide and 1.9 in New York City (SOCNY, p. 39).

Contributing also to the reduction in children's population was the fact that the extraordinarily large number of youths from the baby-boom generation reached adult status during the 1970s (SOCNY, p. 40).

A third factor in the reduction of the children's population was the net loss during the 1970s of at least 127,000 children through migration, i.e., New York State lost more children to other states than it took in from them and from abroad. Many families with children moved out of state due to unemployment. A substantial number of families moved to neighboring counties in Connecticut and New Jersey due to housing shortages and other considerations. The loss of New York children to other states in the 1970s was partially offset by the arrival in New York, primarily New York City, of 130,000 immigrant children from a wide variety of other countries, about half of them from the Caribbean and Latin America (SOCNY, p. 41). In 1980, one in every eight New Yorkers under the age of ten was in a household headed by a recent immigrant; this was true for one in every four young children in New York City (Alba and Trent, 1988, p. 81).

MORE CHILDREN LIVE IN SINGLE-PARENT FAMILIES NOW THAN IN 1970

"In both 1970 and 1980, 97 percent of all children in New York State lived with at least one parent. Between these years, however, a decreasing proportion lived with two parents" (SOCNY, p. 49)—74 percent in 1980, down from 82 percent in 1970. This trend is expected to continue; in 2000, single-parent households are projected to account for 31 percent of all households containing children, compared with 24 percent in 1980 (SOCNY, p. 47).

"Traditional" family structure—a married couple with children in which the father is the sole provider—comprised only 38 percent of families with children in 1980, down from 54 percent in 1970 (SOCNY, p. 48).

The above trends are much more pronounced in New York City than in the rest of the state, regardless of racial/ethnic category of the child (SOCNY, pp. 48-9).

Higher proportions of Black and Hispanic children than of White children lived with a single parent; this family structure also increased more substantially for Black and Hispanic than for White children between 1970 and 1980. In 1980, half of Black children and 42 percent of Hispanic children lived in single-parent households (SOCNY, p. 50).

These trends in New York State are consistent with those in the nation as a whole where about one in six White children and one in every two Black children now live in mother-only families. In the past 25 years, the proportion of children living in such families has more than doubled. Demographers project that about one in every two children born in the late 1970s will live in such a family before reaching adulthood (Garfinkel and McLanahan, 1986, p. 166).

Although nationwide a higher proportion of Black than of White children live in single-parent families, far more White than Black children do so; nine million and five million, respectively (Edelman, 1987, p. 27).

Nine in ten children living in single-parent families live with their mothers (SOCNY, p. 50).

The number of children in the United States living with divorced mothers increased by more than 122 percent since 1970, while the number living with never-married mothers more than quadrupled (Kamerman, 1985, p. 6). A similar pattern occurred in New York State, but here the number of children living with a never-married mother increased only 136 percent (SOCNY, p. 50).

In 1983, 19,000 births are estimated to have occurred to unmarried teenage mothers in New York State, more than 8,000 of them to mothers under the age of 18. Most births to teenagers, some

70 percent in 1983, occur out of wedlock; these account for 30 percent of all out-of-wedlock births in 1983 (Alba and Trent, 1988, p. 114).

Although the proportion of Black children born out of wedlock has increased in recent years, the actual number of such births has declined since 1970. The rising proportion of children born to young unmarried Black women reflects the steady drop in the marriage rate of these women and the falling fertility rate of married Black women (Edelman, 1987, p. 5).

In New York State, close to half (45 percent) of the Black children in single-parent families were living with a never-married parent. The comparable figures for Hispanic and White children are 35 and ten percent, respectively (Alba and Trent, 1988, p. 115).

Nationally, fewer persons become married and more persons become divorced now than in 1970. Among all men, the percent married has dropped from about 75 in 1970 to 66 in 1985. For Black men, the percents are 67 in 1970 and 51 in 1985. For women, the comparable rates are 68 and 60 percent for all women and 62 and 43 for Black women. Divorce rates have more than doubled over this same period in each of the above categories (U. S. Department of Commerce, Bureau of the Census, 1987a, p. 38).

Most of the growth in single parenthood is due to changes in marital behavior; Whites tend to marry and increasingly divorce, whereas Blacks are increasingly likely never to marry at all (Garfinkel and McLanahan, 1986, p. 54).

THE SMALL AND SHRINKING POOL OF MARRIAGEABLE YOUNG BLACK MALES CONTRIBUTES TO THE RISE IN THE NUMBER OF MOTHER-ONLY BLACK FAMILIES

Employment of young Black men has been unfavorable since World War II. The proportion of Black men who are employed has dropped from 80 percent in 1930 to 56 percent in 1983 (Wilson, 1987, p. 82).

When the factor of joblessness is considered with high Black-male mortality and incarceration rates, we find a long-term decline in the proportion of Black men, and particularly young Black men, who are in a position to support a family (Wilson, 1987, p. 83).

THE AVERAGE NUMBER OF CHILDREN PER HOUSEHOLD HAS DECLINED

In households with children, the average number of children has declined from 2.3 in 1970 to 2.0 in 1980 and this figure has changed little since then. This decline was greatest in Black

households. Between 1970 and 1980, the proportion of White children who lived with three or more siblings declined from 32 to 17 percent. The comparable figures for children in Black families were 42 and 27 percent. A similar reduction occurred in Hispanic families (SOCNY, p. 53).

SINGLE MOTHERS ARE LESS LIKELY TO HAVE COMPLETED HIGH SCHOOL THAN PARENTS IN TWO-PARENT FAMILIES

New York State children living with single mothers in 1980 were nearly twice as likely to be living with a parent who had not graduated from high school than children living with two parents (46 percent versus 24 percent). Sixty-one percent of all Hispanic children, 41 percent of all Black children, and 21 percent of all White children lived with a householder with less than four years of high school (SOCNY, p. 54).

Economic Conditions

POVERTY AMONG FAMILIES WITH CHILDREN HAS INCREASED SINCE 1970 MORE RAPIDLY IN NEW YORK STATE THAN IN THE UNITED STATES AS A WHOLE

The proportion of New York's children who are living in households with incomes below the poverty line has increased from 20 percent in 1970 to 27 percent in 1984 (Alba and Trent, 1988, p. 97). Comparable national figures are approximately 15 percent and 21 percent. Since then, the national poverty rate for families with children has changed hardly at all (U. S. Bureau of the Census, 1988, p. 28).

CHILDREN HAVE BECOME POORER SINCE 1969

"During the 1970s, the median income of households with children in New York State declined by 3 percent [adjusted for inflation]. This decline occurred primarily in New York City where incomes of households with children fell by 17 percent. Incomes of such households in the rest of the state were stable. The median incomes of households with children declined by another 6 percent between 1979 and 1985" (SOCNY, p. 59).

Although the median incomes of married couples with children increased slightly (less than three percent) between 1969 and 1979, the incomes of households maintained by single mothers fell by over 10 percent during this period. Thus, the "large gap between the incomes of households with children maintained by married couples and those maintained by single mothers widened. In 1969, the median income of single mothers was just 37 percent that of married couples with children. By 1979, it had fallen by an additional 5 percentage points to 32 percent" (SOCNY, p. 59). In 1979, the median household income of single mothers with children in New York State was $7,455 compared to $23,015 for married couples with children (SOCNY, pp. 58-59).

In 1980, about 16 percent of New York families containing children under the age of 18 had incomes that fell below the poverty line. The rate was much lower for married-couple families with children, seven percent, but much higher among female-headed, single-parent families, about 50 percent. Worst off of all, however, were single-parent families headed by never-married mothers; 66 percent of these families had incomes below the poverty line (Alba and Trent, 1988, p. 115). This decrease in median income of single mothers combined with the large increase in their number has been referred to as "the feminization of poverty" (Pearce, 1978). In 1985, about one in every three American families maintained by women was living in poverty (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families, 1986a, p. 7). The poverty rate

for single mothers below the age of 20 years in 1983 was virtually 100 percent (Kamerman, 1985, p. 11).

Single mothers have such high poverty rates for three reasons: (1) they have low capacity for earning money; (2) they receive inadequate child support from absent fathers; and (3) the benefits they receive under welfare programs are meager (Garfinkel and McLanahan, 1986, pp. 22-26).

The phrase, "feminization of poverty," implies that the American poor are predominantly adult women but such is not the case: women did not constitute the majority of the poor in 1980. Women have become a larger fraction of the poor, rising from one-third in 1960 to two-fifths in 1980. Although it is true that women and children together constituted a majority of all poor persons in 1980, this was also the case in 1960 (Hill, 1985, p. 37).

HOUSEHOLDS WITH CHILDREN HEADED BY BLACKS AND HISPANICS WERE POORER THAN THOSE HEADED BY WHITES

During the 1970s, incomes of households with children headed by Whites were stable, but incomes of Black and Hispanic households declined by 11 percent and 14 percent, respectively. "Thus the gap between the incomes of White households with children and Black and Hispanic households grew larger" (SOCNY, pp. 59-60); by 1979, incomes of Black and Hispanic households were just 55 percent and 45 percent, respectively, of those of White households (SOCNY, pp. 59-60).

Among married-couple households with children, the incomes of Black households actually increased more (13 percent) than did those of White households (two percent), narrowing the gap betweeen them over the decade. However, incomes of *all* Black households with children, i.e., including single mother households, declined because fewer Black households were comprised of married couples in 1979 than in 1969 (SOCNY, p. 61).

Incomes of White and Black households with children maintained by single mothers declined very little over the decade with Black incomes ($7,005 in 1979) staying at about 70 percent of White incomes. However, the drop in the median income of Hispanic single mothers was dramatic (27 percent), declining from $6,732 in 1969 to $4,937 in 1979 (corrected for inflation) (SOCNY, pp. 59-61).

CHILD POVERTY HAS REACHED EPIDEMIC PROPORTIONS IN MINORITY COMMUNITIES

The percentages of children in different racial/ethnic groups living in families with incomes below the poverty line have increased substantially since 1979: the figures for White, Black, and

Hispanic children increased from 10, 37, and 45 in 1979 to 15, 45, and 59, respectively, in 1984 (Alba and Trent, 1988, p. 97).

However, the stereotype that the American poor are predominantly Black is incorrect: although there has been a shift toward Blacks constituting a larger fraction of the poor, the actual change has not been great enough to shift majority status to Blacks. In 1959, Blacks constituted one-quarter of the poor, and in 1980 they made up a little less than one-third of the poor (Hill, 1985, p. 37).

TO THE "FEMINIZATION OF POVERTY" MUST NOW BE ADDED THE "PAUPERIZATION OF CHILDREN"

"Children are disproportionately represented among the poor. While children comprised 27 percent of the state's population in 1980, they accounted for 38 percent of the poor. Their poverty rate is higher than for any other age group . . . [and] poverty increased more for children than it did for working age adults (18 through 64) while poverty among the elderly actually declined during this period" (SOCNY, p. 69).

Preschool children are more likely to be poor (23 percent in 1979) than teenagers (15 percent) mainly because young children more often have young parents and young parents are more often poor. "In 1979, 53 percent of New York State children whose parents were less than 25 years of age were in poverty. This was at least twice as high as the percentage for children with parents who were over 25 years of age" (SOCNY, p. 69).

In 1979, Hispanic children in New York were more likely to be in poverty (45 percent) than Black children (38 percent). However, both were much more likely to be in poverty than White children (10 percent) or those of other races/ethnicities (16 percent) (SOCNY, pp. 69-70). Because White children outnumbered Black children by a ratio of four to one and Hispanic children by a ratio of five to one, the population of poor children in New York State was almost equally comprised of White (36 percent), Black (32 percent), and Hispanic (32 percent) children in 1979 (SOCNY, p. 72).

"Children living with a single mother were six times more likely to be living in poverty in 1979 than children living with two parents. . . . The majority of poor children in New York State lived with single mothers (58% in 1979 and 52% in 1969) despite the fact that three-quarters of New York State's children lived with two parents" (SOCNY, p. 73).

"Poor children do not generally come from large families despite the fact that children from large families are more likely to be poor. In 1979, 41 percent of the poor children in New York State had at most one sibling" (SOCNY, p. 73).

"In 1979, the majority (63 percent) of poor children in New York State lived in New York City" (SOCNY, p. 73).

PUBLIC ASSISTANCE TO POOR FAMILIES WITH CHILDREN DOES NOT ENABLE THEM TO LIVE AT OR ABOVE THE POVERTY LINE

In the 1960s and 1970s, all federal entitlement programs were indexed against price inflation with the single exception of the entitlements of our children. Aid to Families with Dependent Children (AFDC) remains the only entitlement that Congress has never indexed. As a result, from 1970 to 1985, real AFDC benefits declined by a full third. In New York City, from 1975 to 1982, the number of persons under age 65 living below the poverty level increased by half (51.5 percent) while the number of persons receiving public assistance declined by 14 percent. As benefits remained fixed and prices rose, more and more families with any income at all found themselves above the eligibility levels (Moynihan, 1986, p. 47).

Under the Reagan administration, benefits to poor families with children, especially female-headed families with employed mothers, were sharply reduced (Ellwood and Summers, 1986, p. 68). Low-income employed women who headed families with children absorbed about $3 billion of the $4.6 billion 1985 federal benefit cuts, or nearly two-thirds of the total (Garfinkel and McLanahan, 1986, p. 133).

The poor have benefited little from the large increases in social welfare spending in recent years because most of the money has gone to other categories of beneficiaries. The bulk of all public assistance and social insurance program expenditures and the bulk of the dollar growth since 1960 have been in programs for the elderly (social security, medicare, medicaid), and programs for the disabled (social security disability, medicare, supplemental security income, medicaid). In 1980, AFDC payments cost the government $12.5 billion or only 4.2 percent of the total ($291.6 billion) spent on public assistance and social insurance programs. By contrast, social security payments to the elderly came to $104.7 billion, or 36.9 percent of the total (Ellwood and Summers, 1986, pp. 62-63).

INEQUALITY IN INCOME DISTRIBUTION AMONG HOUSEHOLDS WITH CHILDREN HAS INCREASED SINCE 1969

In 1969, the most affluent fifth of New York households had a median income more than five times that of the poorest households; by 1979, that value had increased to eight times. "Thus, in 1979, the households with children at the bottom of the income distribution were both absolutely and relatively poorer than such households in 1969. . . . The bottom four-fifths of households experienced income declines . . . [and] the poorer households experienced greater declines" (24-34 percent) (SOCNY, pp. 61-2). During the same period, incomes of the top fifth increased slightly.

Recent data indicate that this trend has persisted into the 1980s (SOCNY, pp. 61-62). Between 1979 and 1984, average family income for the poorest fifth of all families with children in the U.S. plunged 23.8 percent, adjusting for inflation (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families, 1986a, p. 4).

Economic rewards are more unequally distributed in the United States than elsewhere in the Western industrialized world. Moreover, new evidence suggests that our country experiences far more poverty than other capitalist countries with similar standards of living. The United States child poverty rate in 1979 was 60 percent higher than the rate in Great Britain, nearly 80 percent higher than the rate in Canada, and more than double the rate in West Germany, Norway, and Sweden. Child poverty rates in the United States have risen substantially since then (Burtless, 1987, pp. 13-14).

MOST POOR PEOPLE ARE EMPLOYED FOR PAY

A majority of the nonelderly poor are in male-headed families. For this group, at least 75 percent of income results from earnings. Even among poor, female-headed families with children, fully 40 percent of all income comes from employment (Ellwood and Summers, 1986, p. 61). Almost two-thirds of all single mothers with children work for pay, and about a third are employed full time. Earnings are by far the most important source of income for single mothers (Bane, Wilson, and Young, 1986, p. 17).

EARNINGS ARE THE CHIEF ALBEIT DECLINING DETERMINANT OF THE ECONOMIC POSITION OF MOST HOUSEHOLDS WITH CHILDREN IN NEW YORK STATE

"The proportion of household income that came from earnings (wages, salary, self-employment) fell from 90% in 1969 to 83% in 1979" (SOCNY, p. 62). When earnings are inadequate, families may turn to public assistance programs, the second largest source of income in 1979 (eight percent). "The proportion of household income that came from this source had increased since 1969 when it comprised 5 percent of total aggregate household income. Social security accounted for two percent of total household income in 1979, while all 'other' sources (including private transfers such as child support) accounted for 7 percent" (SOCNY, p. 62).

This pattern held for all families with children but Black and Hispanic households received a smaller proportion of their income from earnings (71 percent and 65 percent, respectively) than did White households (89 percent). "Public assistance formed a much larger share of Black (19%) and Hispanic (27%) household income in 1979 than it did White's income (3%). These differences were evident in 1969 as well although earnings were then a larger source of aggregate household income for each race/ethnicity" (SOCNY, p. 62).

"In 1979, households with children that were maintained by married couples had the highest incomes and derived practically all of their income (92%) from earnings" (SOCNY, p. 62). "Earnings were also the most common source of income for households with children maintained by single mothers, but on average just 52% of their income was attributable to this source. The second largest source of income for single-mother households was public assistance (32%), followed by 'other' sources (11%)" (SOCNY, p. 62). This pattern changed little over the decade and differed little across the ethnic/racial groups (SOCNY, p. 62).

MOST SPELLS OF POVERTY ARE RELATIVELY BRIEF

Using nationally representative samples, studies that monitor incomes of the same persons for several years show that most of those who *ever become poor* have only short (two years or less) stays in poverty. Paradoxically, the majority of people who are *poor at any given time* will have very long spells (eight years or more) of poverty before they escape. Most of the people helped by programs to aid the economically disadvantaged use them only briefly, but the bulk of resources goes to a much smaller group of people who have very long stays in poverty (Bane and Ellwood, 1986, p. 21). Most children growing up in families that are heavily dependent upon AFDC do not become heavily dependent as adults. Blacks from welfare-dependent families were no more likely to become dependent themselves than were similar Blacks from families who had never received welfare (Corcoran, Duncan, Gurin, and Gurin, 1985, p. 531). The evidence from such studies suggests that the welfare system does not foster reliance on welfare so much as it acts as insurance against temporary misfortune (Duncan, Hill, and Hoffman, 1988, p. 470).

NONCUSTODIAL FATHERS OF CHILDREN IN MOTHER-HEADED FAMILIES DO NOT PROVIDE A REASONABLE AMOUNT OF CHILD SUPPORT

National data indicate that only about 60 percent of the children who live with their mothers only and are potentially eligible for child support receive an award at all. Of those with an award, only half receive the full amount due. Nearly 30 percent receive nothing (Garfinkel and McLanahan, 1986, pp. 24-25). The recently passed federal welfare reform law contains provisions designed to increase child support from noncustodial parents.

Single mothers who were divorced (80 percent) were more likely to have been awarded child support than those who were separated (43 percent) or who had never married (14 percent). "White single mothers were more likely (69%) than were Blacks (34%) or Hispanics (44%) to have received an award" (SOCNY, p. 66).

About 40 percent of absent White fathers and 19 percent of absent Black fathers pay child support. Of those who pay, the average amount received annually is $3,129 for White mothers and

$1,698 for Black mothers. Support payments from the absent father account for about ten percent of the income of single White mothers and about 3.5 percent of the income of single Black mothers (Garfinkel and McLanahan, 1986, p. 24).

Since the enactment of the Child Support Enforcement program (Title IV-D of the Social Security Act) in 1974, substantial progress has been made in increasing the amounts of support payments collected, the location of absent parents, the establishment of paternity, and the obtaining of support orders. However, less than seven percent of AFDC payments were recovered under this program and only about ten percent of the absent AFDC parents paid child support (Kamerman, 1985, p. 21).

New York State collected $2.15 from absent fathers for each $1.00 spent for administrative expenses on the child support enforcement program. In New York city, the comparable figure was $1.80 collected for each $1.00 spent (U. S. Congress, Senate Committee on Finance, 1984, p. 358).

State collections in New York State from absent fathers for families on public assistance have increased by more than 46 percent over the last five years (Cuomo, 1988, p. 19).

MANY TEENAGERS (AGE 16-19) WHO WANT JOBS ARE UNEMPLOYED

Almost half of all teenagers were employed or looking for work in 1980 but nearly 19 percent were unemployed. Black youth were less often employed or actively seeking work and were more often unemployed. Unemployment rates for White youth increased from 12 percent in 1970 to 15 percent in 1985 while unemployment rates for Black youth nearly doubled over the same period, from 22 percent to 42 percent. Regardless of race/ethnicity, labor force participation was lower and unemployment rates were higher in New York City than in the rest of the state (SOCNY, p. 66).

Nationally, the ability of young Black males to earn enough to support a wife and one child has decreased dramatically. In 1973, 57 percent of Black males aged 20 to 24 years met this criterion, but by 1984 this percent had dropped to 27. The corresponding decrease for White males was from 64 percent to 48 percent (Children's Defense Fund, 1987a, p. 158).

From 1979 to 1986, the number of Americans paid on an hourly basis who were paid wages so low that full-time year around work could not lift a family of three out of poverty jumped from 2.8 million to nearly 15 million (Children's Defense Fund, 1988a, p. 33).

THE AVAILABILITY, AFFORDABILITY, AND QUALITY OF HOUSING ARE SERIOUS PROBLEMS FOR THE POOR

Although no national census has been conducted, recent estimates suggest that roughly one percent of the total United States population experiences homelessness during the course of a year (Frazier, 1985).

Although the empirical literature on mental disorder among United States homeless persons is inadequate to inform specific prevalence estimates, there is evidence that homeless persons as a group demonstrate higher rates of psychiatric disorder, psychological distress, and history of psychiatric hospitalization than the general population (Robertson, 1986).

Housing has become increasingly expensive. From 1970 to 1985, the price of buying a single-family unit of the same design, materials, and size rose in real terms by 14 percent, an increase due primarily to higher land prices and interest rates. The escalation has been felt most acutely by poor families, many of whom cannot find affordable rental units, and by young, first-time home buyers who have been virtually priced out of the market. At the same time, the Federal government has been getting out of the housing business. Federal subsidies for low-income housing have been slashed by 60 percent since 1982, contributing to an increase in homelessness, the deterioration of public housing, shortages of affordable rental housing, and declining rates of home ownership (The Ford Foundation Letter, October, 1987, p. 6).

Housing for low income families is not available in sufficient quantities in many parts of New York state. Many poor families have to pay a large proportion of their meager incomes for shelter. In New York City in 1984, over one-fifth of the city's households paid more than 50 percent of their income for rent, and one-third paid more than 40 percent. The median annual income of the city's 1.9 million households in rental apartments was $12,800, an amount that cannot usually command housing of good quality (Commission on the Year 2000, 1987, p. 132).

Finding reasonably priced housing of good quality in safe, clean neighborhoods in New York City can be a major problem even for moderate and middle-income households. A few years ago, middle-class families found little affordable housing because so many neighborhoods had deteriorated; today they find even less affordable housing because so much has been taken over by wealthier households able to pay far more (Commission on the Year 2000, 1987, p. 131).

For many low and moderate income households, the housing market does not work; the federal government, which had bridged the gap for such families in the past, has now abdicated its responsibility (Commission on the Year 2000, 1987, p. 130).

HOMELESSNESS AMONG FAMILIES WITH CHILDREN HAS INCREASED IN RECENT YEARS

The homeless population continues to grow with increasing numbers of young adults, women, minority persons, families with children, and youth alone (Hopper and Hamburg, 1984).

Young children, mostly from racial minorities and usually with their mothers, are the fastest-growing element in the nation's homeless population. A recent study of Boston's family shelters showed that 90 percent of the families were headed by females, typically Black women in their 20s (Sullivan and Damrosch, 1987, p. 91).

A recent survey of 25 U.S. cities conducted by the United States Conference of Mayors found that an alarming and growing percentage of the nation's homeless is families, primarily women and small children. A report from Philadelphia indicated that almost half of the people in shelters there were families with children. The National Coalition for the Homeless estimates that families now constitute 30 percent of the nation's homeless, whose numbers, they say, range between two and three million persons. However official (but much criticized) estimates by the U.S. Department of Housing and Urban Development are much lower—250,000 to 300,000 (Erickson and Wilhelm, 1986, p. xxvi). In 1982, New York City counted only about 700 homeless families in its shelter system. By 1987, this number had increased to nearly 5,000 (Landers, 1987, p. 1). At least 10,000 single people are in New York State's emergency shelters (Cuomo, 1987, p. 204).

Governor Cuomo has estimated that "hidden homeless," those who have lost their own homes and are doubled up with friends or relatives or are in other temporary housing, number more than 500,000 in the State of New York (Erickson and Wilhelm, 1986, p. xxvii). In testimony before Congress in 1987, Governor Cuomo asserted, "There are more homeless men, women, and children in the United States today than there were at the height of the Great Depression" (Landers, 1987, p. 5).

That homelessness now is afflicting a full range of Americans—all ages, races, household types—suggests that it is not a problem to be looked at apart from the nation's general housing problems, in particular the problem of affordability. With eight million renter households paying more than 50 percent of their income for rent, as of the 1981 Annual Housing Survey, and mortgage foreclosures and delinquencies at an all time high; with overcrowding on the rise—at a minimum, ten percent of all New York City public housing households are doubled up—the line between the housed and the unhoused is a thin one. Those without a regular place to live can only increase in numbers over the coming years, unless there is a serious attempt to deal with the broader problem of housing affordability in America (Hartman, 1986, p. 154).

In New York City, there is not enough housing and rents are outrageous. Controls that used to exist have been removed. Housing is the number one problem in 40 percent of the foster placement cases in New York City. Many children are in foster care because there is simply nowhere else for them to go. It is housing that keeps families apart (F. Brancato, personal communication, June 18, 1987).

Families on welfare are often housed in New York City for months at a time in "temporary" shelters—welfare hotels at costs of $24,000 per year per family (Commission on the Year 2000, p. 57).

TRANSPORTATION DIFFICULTIES COMPLICATE THE LIVES OF POOR FAMILIES WITH CHILDREN

For rural families, simply getting to the offices where services are available often is a serious barrier to obtaining needed health or social services.

In cities, available jobs often are in suburban areas that are difficult for inner-city residents to reach. In New York City, the services that the poor need are often far from their places of residence, e.g., although the boroughs surrounding Manhattan have the children, the services for children and families tend to be concentrated in Manhattan. For example, the Bronx has a high rate of teen pregnancy, but the agencies and services needed by these teenagers are mainly in Manhattan (S. Miller, personal communication, June 17, 1987).

Child Care

CARE OF CHILDREN WHILE PARENTS WORK OR ATTEND SCHOOL IS A PROBLEM OF BROAD SIGNIFICANCE TO SOCIETY

"Not only are both parents out of the home during the day in a majority of families but in addition, families are much smaller. Some children have no siblings at all; many more have only one. Few children are in large families in which the family group is in itself a rich environment for interpersonal socialization. The small family size, and the fact that the children of neighbors increasingly are in two-earner families and thus likely to be in care outside their homes, means that many children cannot readily assemble a play group at home" (Kahn and Kamerman, 1987, p. 15).

"By the mid-1980s child-care services had been transformed: from a protective service to compensatory education and a support service for poor working women (in the 1960s); to a program to enhance early child development and a support service for middle-class working women (in the 1970s); to an essential component of school reform, a universal program for ensuring the good development of children age 3 and older, and also a necessary—even though debated—service for working parents with children under age 3" (Kahn and Kamerman, 1987, pp. 24-25).

Several states are beginning to take action to support day-care programs as a means of attracting workers and industry as part of their strategy for economic development. "School systems, preschools, and all forms of child care are being viewed, increasingly, as what attracts industry to a state or region. They are an investment in human capital, in the quality of the future labor force" (Kahn and Kamerman, 1987, p. 247).

WOMEN IN ALMOST ALL CATEGORIES ARE WORKING FOR PAY OUTSIDE THE HOME IN INCREASING NUMBERS

The percent of women in the labor force in New York State has increased over the 1970s in every category measured except those over age 55 and those who are widowed. Increases from 1970 to 1980 were found for all women (41 to 48 percent), women who were White (42 to 49 percent), Black (48 to 53 percent), Hispanic (37 to 42 percent), aged 20-24 (57 to 65 percent), aged 25-34 (42 to 61 percent), married (38 to 48 percent), never married (55 to 59 percent), with children (36 to 50 percent), and with children under age 6 (23 to 37 percent) (SOCNY, p. 64). By 1985, more than half of all mothers of young children were in the labor force: 53 percent or more of married mothers of young children and women who head households (New York Task Force on Poverty and Welfare, 1986, p. 7). Of all mothers who worked in 1985, 70 percent worked full time: 84 percent of Black working mothers, 69 percent of White working mothers, and 79 percent of Hispanic

working mothers (U. S. Congress, House of Representatives, Select Committee on Children, Youth, and Families 1986a, p. 3).

Although women still earn less than men, the 1980s have been a period of relatively rapid increase in women's wages. In 1980, women earned 59 cents for every dollar earned by men. By 1985, this rate had increased to 65 cents (SOCNY, p. 65).

"It is projected that, by 1990, 60 percent of America's employed fathers will have working wives and 45 percent of the labor force will be parents of children less than 18 years of age" (SOCNY, p. 80).

"In 1980, 24 percent of all New York State's working mothers were single parents. Another 29 percent lived with husbands who earned $10,000 or less annually" (SOCNY, p. 79).

THE NEED FOR SUBSTITUTE CHILD CARE IN NEW YORK STATE IS LARGE AND GROWING

Analyses of census data by the New York State Council on Children and Families, taking into account all available providers of child care within the household, indicate that the need for substitute child care in New York State is very great and growing: in 1980, 364,000 children under the age of six years needed substitute care (up from 309,000 in 1970); another 466,000 children aged six through 13 needed substitute care either before or after school (up from 410,000 in 1970) (SOCNY, p. 80).

Against this very large need, there were, in 1985, only 5,600 licensed child-care providers in New York State (not including preschools) with a total capacity of 133,544 children, approximately 16 percent of the estimated need (SOCNY, p. 83).

Nationally, 68 percent of all primary child care of preschool children, including infants, is provided in family day care or other informal arrangements (U. S. Commerce Department, Bureau of the Census, 1987b). In New York State, it is estimated that hundreds of thousands of children are regularly placed in unregulated (unlicensed or unregistered) child care or are left to care for themselves for a substantial part of most workdays (New York State Commission on Child Care, 1986, p. 6). Unregulated family day care varies widely in quality, ranging from excellent to the horrible (Keyserling, 1972).

THE BURDEN OF AVAILABLE RESEARCH EVIDENCE INDICATES THAT MOST CHILDREN IN QUALITY DAY-CARE PROGRAMS DEVELOP AS WELL AS, AND IN SOME WAYS BETTER THAN, THOSE CARED FOR BY THEIR PARENTS IN THE HOME

Research investigations of the effects on child development of participation in day-care programs are fraught with methodological difficulties that limit confidence in their conclusions. The best evidence now available indicates that when center day-care programs are of high quality, i.e., have small groups, high proportions of staff to children, and well-trained caregivers, no negative consequences are found in most children over one year of age; and many children, especially those from disadvantaged backgrounds, show positive developmental gains, particularly in social competence. The impact of family day care cannot be adequately assessed at this time due to an insufficient research base (Belsky, Steinberg, and Walker, 1982; Kahn and Kamerman, 1987; Gamble and Zigler, 1986; Young and Zigler, 1986).

In the case of younger children, especially infants in the first few months of life, the available research is even more inadequate to permit firm generalizations. Belsky (1984), on the basis of recent evidence, expressed reservations about placing infants below the age of one year in center care. He and others (Young and Zigler, 1986) have pointed out that most community infant care centers probably fall short of the quality of care provided in university-affiliated centers where most of the research has been done showing benign effects of center care of infants.

In view of the above, specialists in infant development recommend that parents have the option of providing infant care themselves during the early months but, under present policies and practices in this country, this option is rarely available to working parents (Gamble and Zigler, 1986). However, every industrialized Western nation except the United States provides some form of paid infant care leave for working parents during the first few months of their baby's life (Kamerman and Kahn, 1981; Zigler and Muenchow, 1983). "In Europe, the minimum paid infant care leave is 14 weeks, but the average is 5 months" (SOCNY, p. 80). Kahn and Kamerman (1987) suggest that family day care may be a better option than center care for infants.

CHILD-CARE PROGRAMS VARY WIDELY IN FORM, QUALITY, AND COST

Child-care programs are of two broad types: (1) those that have as the primary objective the provision of full-day child care so that both parents are (or the single parent is) free to work full time (day-care centers, family day care, group family day care, and in-home care), and (2) those that have enrichment of the child's experience as the primary objective (Head Start, New York State Prekindergarten, Nursery School), all of which operate on less than a full-day basis and often follow

the school-year schedule. Many parents find it necessary to utilize two or more of these different child-care arrangements (SOCNY, pp. 82-83).

National data show that the proportion of children under six years of age who were cared for in the home by the father or others while the mother worked full time out of the home decreased dramatically since the 1950s and that care in group centers has increased sixfold, from five percent in 1958 to 30 percent in 1984-85. These changes reflect changes in family structure, the economy, and in political philosophy. They also may reflect a growing realization that participation in a high-quality preschool program can have long-term benefits for the individual child, the family, and society (SOCNY, p. 85; Kahn and Kamerman, 1987).

Quality child care is expensive, ranging from $3,600 to $10,000 per year, depending upon type of care, location, and the age of the child (New York State Commission on Child Care, 1986, p. 10). National data show, however, that for women with one child using a single child-care arrangement only, the median amount paid for child-care services in 1984-85 was $39 per week (U. S. Department of Commerce, Bureau of the Census, 1987). More recent data from a survey of 100 low-income hospital workers in New York City found that these working mothers paid an average of $250 per month for full-time primary care of one child (Zinsser and Andrews, 1988). Low wages of child-care workers actually subsidize the field (Zinsser, 1986). Center-based child-care costs for a child under the age of six years range from about 20 percent of median family income in New York City to nine percent in the rest of the state (SOCNY, p. 87). Two-thirds of all child care of children of women working full time in 1984-85 was provided in their own or another's home rather than in center programs (SOCNY, p. 85).

Quality of child-care program is related to children's social development. Overall quality of program, caregiver-child verbal interactions, and director experience were each found to be highly predictive of the children's social development in child care (Phillips, McCartney, and Scarr, 1987).

Access to subsidized child care for the children of low- to moderate-income parents who are striving to achieve self-sufficiency is a critical problem. Statewide, there are some 660,000 single-parent families, 90 percent of them headed by women, 57 percent of whom are poor, yet only one out of five children whose families earn less than $15,000 a year receives a governmental child-care subsidy (New York State Commission on Child Care, 1986, p. 9).

THE FEDERAL GOVERNMENT HAS WITHDRAWN FROM THE CHILD-CARE FIELD (EXCEPT FOR HEAD START)

With the transformation of Title XX into the Social Services Block Grant in 1981, all constraints on how the funds were to be spent and for whom were eliminated. The federal government completely relinquished its role in assuring minimum standards, leaving child-care

providers subject to state standards only and these vary enormously from state to state (Kahn and Kamerman, 1987, p. 23). However, the new federal welfare reform law includes provisions for transitional child care for parents who are working their way off welfare.

In New York, the dual system of county certification and state licensing for family day care denies many families access to one or the other. A county-certified family day-care home is usually limited to accepting only publicly subsidized children. A state-licensed family day-care home, on the other hand, is limited to accepting only children who are not eligible for subsidized care. Thus, a single mother who succeeds in working her way off welfare may have to withdraw her child from one family day-care program because she is no longer entitled to publicly subsidized space (New York State Commission on Child Care, 1986, p. 9).

National data indicate that over half of school-age children of mothers who work full time outside the home are cared for by a parent during out-of-school hours but that some 13 percent are left to care for themselves for some portion of the day (SOCNY, p. 86).

THE LACK OF AFFORDABLE QUALITY DAY CARE KEEPS MANY WOMEN OUT OF THE WORK FORCE

In 1982, 26 percent of women with children under five years of age "who were not in the labor force indicated that they would look for work if child care were available at a reasonable cost. The proportion rose to 36 percent for mothers in families earning less than $15,000 per year and 45 percent for single mothers" (SOCNY, p. 87).

"Regardless of her marital status, the young mother also is severely restricted in her employment prospects on a number of other counts. She enters a labor market in which good jobs are scarce and employers can afford to be selective. Limited education disqualifies her; age and inexperience count against her; and she is discriminated against on the basis of sex and race as well. It goes without saying that the job she can find is usually undesirable. The real question is not whether she can get a good job but whether she can find a job that pays enough to cover the expenses of working. In part, this decision will depend upon the availability of family and community resources that make it feasible or profitable to work. The married woman must consider whether her contribution can add significantly to the family income, while the unmarried parent must balance the advantages of getting a job against the benefits of going on welfare" (Furstenburg, 1976, p. 168).

LOW WAGES AND FEW BENEFITS FOR CHILD-CARE WORKERS CONTRIBUTE TO THE SHORTAGE OF CHILD CARE AND REDUCE THE QUALITY OF PROGRAMS

In 1982, the average annual salary of workers in New York State child-care centers was $7,893 even though most of them had completed some years of college education. Classroom aides earned wages only a little more than the statutory minimum. Only about half of center child-care workers are covered by health insurance; other benefits (life insurance, retirement programs) are even less frequently provided. Low wages and few benefits make recruitment of child-care workers difficult and contribute to high turnover rates; "in the average New York State program, four out of ten head teachers left their jobs each year" (SOCNY, p. 89)

VERY FEW EMPLOYERS PROVIDE ASSISTANCE TO EMPLOYEES IN MEETING THEIR CHILD-CARE NEEDS

Nationally, only 2,500 of the six million employers offered child-care assistance to their employees. In New York State, five percent or fewer of companies presently have or support child-care centers on or near the work site or provide other direct child-care support (N. Y. S. Commission on Child Care, 1987, p. 11).

PUBLIC SUPPORT OF CHILD-CARE PROGRAMS MEETS ONLY A SMALL PROPORTION OF THE NEED

In 1985, about half of all public funds in support of child care in New York State benefited primarily middle- and upper-income families through federal and state child-care tax credits. Poor families, those with the greatest need for assistance with child care, "could not benefit from the tax credit because their incomes were too low" (SOCNY, p. 90).

Direct subsidies of child care designed to assist low-income families include the SSBG (Social Services Block Grant), AFDC (Aid to Families with Dependent Children, Title IV-A) support for recipients who are working or in training, Head Start programs, the experimental prekindergarten program, funds from the Child Welfare Reform Act, the migrant child-care program and others. "Despite the variety of programs available, relatively few eligible families benefit from [such direct] child-care subsidies. . . . New York City, which has the most extensive program of subsidized child care, served fewer that 20 percent of all low-income children. The rest of the state served approximately 9 percent of the poor" (SOCNY, p. 90). Head Start programs "served fewer than 15 percent of the state's income-eligible children" (SOCNY, p. 90).

Education

ELEMENTARY AND SECONDARY SCHOOL ENROLLMENTS IN NEW YORK STATE HAVE DECLINED SUBSTANTIALLY IN RECENT YEARS

"Enrollment in New York State's public and nonpublic schools dropped by 27 percent between the academic years 1970-71 and 1985-86. . . . 17 percent of all students enrolled in New York State attended nonpublic schools in 1985-86" (SOCNY, p. 112). This represents a decrease in numbers of nonpublic school students of 32 percent over this period. "Total enrollment in New York State public schools will continue to decline slightly through the early 1990s and then rise until they approximate 1985-86 levels in 1994-95" (SOCNY, p. 115).

THE PROPORTION OF STUDENTS FROM MINORITY GROUP FAMILIES HAS INCREASED SINCE 1970-71

Over one-third of all New York State students were minority group members in 1985-86, up from 23 percent in 1970-71. In New York City, 78 percent of the students enrolled in public schools were either Black, Hispanic, or Asian in 1985-86. Although the proportions of minority students outside New York City also increased over this period, the vast majority (87 percent in 1985-86) of all students in the rest of the state were White (SOCNY, pp. 112-115).

New York City operates one of the largest public school systems in the nation; it includes 935,993 students, over one-third of all New York State students. Between 1970-71 and 1985-86, enrollments of White students in New York City public schools declined sharply, from about one-third to one-quarter of all students, while Hispanic student enrollments grew from one-quarter in 1970-71 to one-third in 1985-86 of all students; Black enrollments comprised about one-third of the total number in both years (SOCNY, p. 116).

Although projections to the year 2000 are problematic, they indicate that these trends are likely to continue, but with Hispanics comprising a larger proportion of the total (Alba and Trent, 1988, p. 87).

This increase in proportions of minority students enrolled in New York's public schools "did not necessarily mean that schools had become more integrated. In both 1970-71 and 1985-86 approximately half of all minority students attended schools in which at least 90 percent of the students enrolled were minority group members. Schools in which the majority of the student body was composed of minority group members accounted for 23 percent of all New York State schools in 1985-86 and educated 78 percent of all minority students" (SOCNY, p. 116).

SEVERAL FACTORS MAY COMBINE TO PRODUCE SERIOUS SHORTAGES OF QUALIFIED TEACHERS OVER THE NEXT SEVERAL YEARS

Although salaries of New York State teachers have nearly doubled in the past decade, making them among the most highly paid teachers in the nation, when these salaries are adjusted for inflation, teachers' real incomes actually improved a scant two percent. Moreover, "teacher salaries remain below those of most other professionals" (SOCNY, p. 118). Even mail carriers, department store buyers, and accountants, occupations requiring less educational preparation, have higher average salaries (Carnegie Forum on Education and the Economy, 1986, p. 37).

"In 1980, only 6 percent of incoming college freshmen said they planned to teach compared to 25 percent in 1968. Similarly, the numbers of new teaching certificates issued in New York State declined dramatically (53%) between 1971 and 1984" (SOCNY, p. 118).

Present shortages of qualified minority teachers will become more serious because minority enrollments in colleges have dropped substantially since 1980: Blacks down 11 percent, Native Americans down seven percent by 1984. These enrollment decreases are attributed to the decrease in federal student aid between 1981 and 1986. This reduction in federal aid has come in two forms: (1) the value of the typical grant and loan has declined significantly, and (2) the proportion of federal aid given as grants has dropped from over 80 percent in 1975-76 to less than 50 percent in 1985-86, while the proportion of aid in the form of loans increased almost threefold (Mohrman, 1987).

Competition for fewer teaching positions between 1970-71 and 1985-86 resulted in a teaching force that was older, more experienced, better educated, and more highly paid (SOCNY, pp. 117-118). Although these changes probably strengthened education in New York State for the present, they may produce critical shortages of qualified teachers in the years ahead as these older teachers retire in large numbers. As noted above, the decline in enrollments will soon end and increases are anticipated, particularly in the elementary school grades. Women and persons in minority groups are increasingly attracted to careers in fields other than teaching. These and other factors imply that we are entering a new period of perhaps severe shortages of qualified teachers. Nationwide, 1.3 million new teachers will be needed between 1986 and 1992 (Carnegie Forum on Education and the Economy, 1986, pp. 26-32).

Nationally, students who plan to major in education in college continue to score substantially lower than the average of college-bound high school seniors on standardized tests of academic achievement (Carnegie Forum on Education and the Economy, 1986, p. 29). In New York State, of the college-bound seniors who took the Scholastic Aptitude Test (SAT) in 1983-84, those who indicated education as their career choice ranked near the bottom of the group (SOCNY, p. 118).

Both in the state as a whole and in New York City, the ratio of students to teachers of the same race/ethnicity improved dramatically between 1970-71 and 1985-86, making it somewhat more likely for students to receive instruction from a teacher of the same cultural and racial/ethnic background (SOCNY, pp. 117-118). However, the proportion (38 percent) of New York City public school students who were Black in 1985-86 was still more than double the proportion (17 percent) of teachers who were Black; the proportion (34 percent) of students who were Hispanic was more than four times the proportion (eight percent) of faculty who were Hispanic. In the rest of New York State, about ten percent of public school students were from Black, Hispanic, or Asian families but almost all (97 percent) teachers were White (SOCNY, p. 206).

IN NEW YORK STATE, LOCAL SOURCES CARRY A HEAVIER SHARE OF THE FINANCING OF PUBLIC EDUCATION THAN IS TRUE OF THE NATION GENERALLY

Local school districts in New York State continue to pay over half (54 percent) of the costs of public education whereas nationwide, the federal government and the states carry somewhat more of the load (56 percent). Recent reductions in federal support have been compensated by increases in New York State support (SOCNY, p. 119).

Reliance upon local school district support for the greatest share of educational financing is mainly responsible for wide differences in per-enrolled-student expenditures among school districts: Wainscott, Suffolk County, spent $28,524 per student in 1984-85 but Jasper, Steuben County, spent only $1,708 per student in that year. "Even when districts at the extreme ends of the range were excluded, those at the 90th percentile spent more than twice as much per student as those at the 10th percentile" (SOCNY, p. 118). In the face of such discrepancies, it is hard to claim that New York State maintains equal educational opportunity for all of its public school students, even though New York State ranks third among all states in expenditures per student attending public schools, an average of $5,260 in 1984-85.

SPECIAL INSTRUCTION IN ENGLISH IS NOT PROVIDED TO ALL THE "LEP" (LIMITED ENGLISH PROFICIENT) STUDENTS WHO ARE ENTITLED TO IT

The great ethnic diversity of children in New York creates instructional problems for the schools because they must deal with a wide diversity of languages, some of them exotic languages (S. Doyle, personal communication, June 28, 1988).

Students from households where a language other than English is spoken are at greater risk of experiencing difficulty in reading and understanding English than their native English-speaking

classmates. The provision of special language services to students with limited English proficiency is mandated by federal law. In 1980, over 17 percent of all New York State school-age children spoke a language other than English at home. In 1985-86, about five percent of the public school population received state- funded LEP instruction. Although many languages were represented by students in the LEP program, 69 percent of them were from Spanish-speaking homes in 1983-84. A 1985 report on language-minority students in New York City indicated that only 62 percent of the 113,831 identified LEP students received some form of LEP instruction and that only 30 percent of entitled students received the full bilingual instructional program that is prescribed by law. As of 1985, there were enough bilingual teachers in New York City to provide full bilingual services to only 57 percent of elementary school LEP students, 24 percent of entitled LEP students in science, 18 percent in math, and 46 percent in social studies (SOCNY, p. 125).

A SUBSTANTIAL NUMBER OF ALL NEW YORK STATE ELEMENTARY SCHOOL PUPILS SCORE BELOW THE STATEWIDE STANDARD ON THE PUPIL EVALUATION PROGRAM TESTS OF ACHIEVEMENT, ESPECIALLY IN READING AND MATH

In 1985, about 20 percent of the State's elementary school students scored below the SRP (statewide reference point) on the achievement tests of the PEP (pupil evaluation program) in reading and math at both the grade three and grade six levels (SOCNY, p. 126).

Percentages of children scoring above the SRP on these PEP tests were lowest, 53 to 59 percent, among children living in New York City. The percent of children scoring above the SRP was higher among children living in other large cities, still higher in small cities, and highest of all, 86 to 90 percent, in village-suburban and rural areas (SOCNY, p. 126).

At a time when economic growth is increasingly dependent on mastery of science and technology, United States eighth graders' knowledge and understanding of mathematics is below that of most of their counterparts in other industrialized countries: students in Japan, The Netherlands, France, Belgium, Hungary, British Columbia, Ontario, Scotland, England and Wales, and Finland scored higher than students in the USA (Carnegie Forum on Education and the Economy, 1986, p. 16).

DROPOUT RATES ARE HIGH STATEWIDE AND MUCH HIGHER IN NEW YORK CITY AND AMONG RACIAL/ETHNIC MINORITY STUDENTS

"Nearly one-third of all New York State students entering high school fail to graduate" (SOCNY, p. 128).

Dropout rates in New York City are three times higher than those in the rest of the state (SOCNY, p. 128).

For students from minority group families, dropout rates are more than twice those for Whites: Hispanics, 60 percent; Blacks, 54 percent; Native Americans, 36 percent; Whites, 21 percent (SOCNY, p. 129).

Dropouts are not satisfied with their schooling. For dropouts, school is a place where teachers are not particularly interested in students and where the discipline system is neither effective nor fair; it is a place where one gets into trouble; suspension, probation, and cutting classes are much more frequent for this group (Wehlage and Rutter, 1986, 1987, p. 81)

ALTHOUGH INFANT MORTALITY RATES IN NEW YORK HAVE BEEN DECREASING FOR SEVERAL YEARS, THEY ARE STILL AMONG THE HIGHEST IN THE UNITED STATES. THIS IS ESPECIALLY TRUE FOR NON-WHITE INFANTS AND THOSE BORN IN NEW YORK CITY

For the United States as a whole, the 1985 infant mortality rate (death within the first year) was 11 per 1,000 live births; 16 other countries, including Singapore, Hong Kong, Canada, and Japan had lower rates (UNICEF, 1987, p. 129). For Whites, the rate was ten per 1,000 and for Blacks, 19 per 1,000 (Children's Defense Fund, 1988b, p. 18). Improvement in the United States infant mortality rate stopped in 1985; in fact, 17 states experienced slight increases in infant mortality between 1984 and 1985 (Children's Defense Fund, 1988b, p. 3). The year 1985 was the first year since at least 1960 that overall national neonatal mortality (death within the first 28 days) failed to decline (Children's Defense Fund, 1988b, p. 5).

For New York State, the infant mortality rate was reduced in 1985 to 10.7 deaths per 1,000 live births, slightly more than half of the 1970 rate of 19.4 deaths per 1,000 births. Despite this progress, New York's infant mortality rate was among the highest in the country (SOCNY, p. 95).

Statewide, "in 1985, the infant mortality rate among white infants was 8.5 deaths per 1,000 live births compared with 13.9 deaths per 1,000 live births for non-white infants" (SOCNY, pp. 95-96); both figures represent significant improvement over 1970 when the corresponding rates were 17.1 and 29.6, respectively (SOCNY, p. 96).

In general, infant mortality in the United States' largest cities tends to be higher than in the nation as a whole. In New York City, the rate in 1985 was 12.8 per 1,000 live births, placing New York City among cities with the highest mortality rates in the country (SOCNY, p. 97; Children's Defense Fund, 1988b, p. 206).}

THE RATE OF INFANTS BORN AT LOW BIRTH WEIGHT IS HIGH

Infants born at low birth weight (below 2,500 grams or 5.5 pounds) are 20 times more likely to die during the first year of life than normal weight infants (Children's Defense Fund, 1988b, p. 33). "For those low birth weight infants who survive their first year of life, chances for normal health and development are seriously compromised. Low birth weight is highly correlated with later developmental problems such as mental retardation, cerebral palsy, and epilepsy. Other handicaps related to low birth weight are vision and hearing defects, delayed speech, and chronic lung problems. Maternal factors associated with increased risk of low birth weight infants are age (17

and under, 35 and over), low socioeconomic and educational status, and inadequate nutrition and prenatal care. Minority status is correlated with low birth weight even when all other factors are equal" (SOCNY, p. 97). In 1985, Black infants were almost twice as likely as White infants to die during the neonatal period (Children's Defense Fund, 1988b, p. 5).

Without overstatement, it may be said that low birth weight and infant mortality for many families is the result of long-term nutritional, environmental, and social deprivation, which have perpetuated health problems that have been unresolvable for much of America's Black population (Walker, 1985, p. 179).

Nationally, after declining 13 percent from 1970 to 1979, the low birth weight rate remained virtually unchanged from 1980 to 1984. It then increased by slightly more than one percent between 1984 and 1985, from 6.7 percent to 6.8 percent of all births. Similarly, the very low birth weight (below 3.5 pounds) rate also increased slightly to 1.21 percent of all births (Children's Defense Fund, 1988b, pp. 10-11). In 1982, the United States ranked 17th among 23 other countries with reliable vital statistics reporting systems with respect to the percentage of infants born at low birth weight. The United States White low birth weight rate (5.7 percent) placed it 12th behind countries such as Japan, France, Ireland, and Belgium. The Black low birth weight rate (12.6 percent) placed the United States in last place, behind such countries as Korea, Colombia, Costa Rica, and Hong Kong (Children's Defense Fund, 1988b, p. 19).

In New York State, "Seven percent . . . of the state's infants born in 1985 were classified as low birth weight or small for term. Non-white infants were twice as likely as white infants to be born at low weight" (SOCNY, p. 97). The 1985 figures in New York State represent improvement over comparable figures in 1970 (SOCNY, p. 97).

For mothers under the age of 20 years, the low birth weight rate in 1985 was 9.7 percent overall, 7.9 percent for Whites and 12.5 percent for non-Whites. These rates were appreciably higher in New York City, but lower than in 1970 (SOCNY, p. 104).

Twelve percent of New York State infant deaths under one year of age in 1985 were due to low birth weight (SOCNY, p. 97).

MANY WOMEN, ESPECIALLY YOUNG AND MINORITY WOMEN, DO NOT RECEIVE ADEQUATE PRENATAL CARE

"Inadequate prenatal care is an important factor associated with the incidence of low birth weight infants and infant mortality. Early prenatal care (first trimester) can identify women at risk of poor pregnancy outcomes and improve their chances of delivering healthy infants. The failure to obtain early prenatal care often results from lack of access to health care services or lack of

information by women most at risk of delivering unhealthy infants. Prenatal services for pregnant women generally include an assessment of the physical health of both mother and fetus. In addition, prenatal care provides information and counseling regarding the mothers's nutrition and health habits during pregnancy and prepares her for labor and delivery" (SOCNY, p. 108).

Infants born at normal weight whose mothers began prenatal care early in pregnancy had a risk of mortality only about one-third as high as those born to mothers who received no prenatal care (4.3 versus 12.1 deaths per 1,000 live births) (Children's Defense Fund, 1988b, p. 8).

Nationally, the percentage of babies born to women receiving late (seventh month or later) or no prenatal care dropped from 8.1 in 1969 to 5.1 in 1980 but increased to 5.7 by 1985. This pattern held for both White and Black infants but the rates were dramatically different: 4.7 percent for Whites and 10.0 percent for Blacks in 1985 (Children's Defense Fund, 1988b, pp. 4 and 220).

For women aged 19 and under, the comparable rates were much higher—11 percent for Whites, 14.6 percent for Blacks (Children's Defense Fund, 1988b, p. 4).

In New York State, nine percent of all babies born in 1985 were to women who received late or no prenatal care (SOCNY, p. 200); only three states and the District of Columbia had worse records (Children's Defense Fund, 1988b, p. 70). For Whites, the percent (6.3) again gives New York fifth rank from the highest; for Blacks, the percent in New York (18.1) is the highest of all 41 states with Black populations large enough to report a rate (Children's Defense Fund, 1988b, pp. 72, 74). These 1985 percentages differ by two percent or less from those in each year since 1978 (Children's Defense Fund, 1988b, pp. 245, 246).

For teenage mothers, 19.1 percent received late or no prenatal care, placing New York State third from the highest of all states and the District of Columbia (Children's Defense Fund, 1988b, p. 89). For Black teenage mothers, the corresponding percent is 22.9, next to highest of all 36 states reported (Children's Defense Fund, 1988b, p. 91).}

DATA ON THE HEALTH OF HISPANIC AND NATIVE AMERICAN CHILDREN ARE LIMITED TO SPECIAL STUDIES

No national data on infant mortality for Hispanics are available and infant mortality data for Native Americans are not analyzed or published routinely. The latest national maternal and infant health data for Hispanics and Native Americans are from 1984. Although incomplete, they do indicate serious health problems and reduced health care access among Hispanic and Native American children and mothers (Children's Defense Fund, 1988b, p. 14).

Surveys in 1978 and 1980 showed that 34.6 percent of Mexican-American children younger than 18 had not visited a physician within the previous year, a figure that is 57 percent higher than the 22.1 percent recorded for all non-Hispanic children. More than 30 percent of surveyed Hispanic children of Mexican origin ages four to 16 had never visited a dentist. This is approximately one and 1 times higher than the percentage of Black children (21.0 percent) and three times higher than the percentage of White children (10.0 percent) who had never visited a dentist (Children's Defense Fund, 1988b, p. 16.)}

PREGNANCY-RELATED SUPPORTS AND SERVICES IN EUROPEAN COUNTRIES ACHIEVE BETTER RESULTS THAN THOSE IN THE UNITED STATES

A recently published study of ten countries in Europe with pluralistic systems of health care indicates that the pregnancy-related supports and services provided by nations with fewer resources than those of the United States are doing a better job of assuring infant survival. They are achieving outstanding performance records by (1) establishing easily understood and readily available provider systems; (2) removing all barriers, especially economic ones, to the full range of services embraced by those systems; and (3) linking prenatal care to comprehensive social and financial benefits that enable pregnant women and new mothers to protect their own well-being and to nurture their infants. "No pregnant woman in Europe needs to ask how or where she will receive prenatal care or who will pay for it" (Miller, 1987, p. 3).

UNIVERSAL IMMUNIZATION AGAINST CHILDHOOD DISEASES IS A REACHABLE YET UNREACHED GOAL

Childhood immunization is an absolutely vital and highly cost-effective component of every child's health care. Through immunization, the nation has eradicated smallpox and dramatically reduced the incidence of other child-killers such as measles, diptheria, pertussis, and polio. Each dollar spent to immunize a child can save $10 in costs associated with medical care and lifelong disability (Children's Defense Fund, 1988b, p. 16).

"The United States has significantly lower immunization levels for infants than several other industrialized countries have. The percentage of infants (0 to 1 year of age) in the United States who are fully immunized against DTP [diptheria, tetanus, and pertussis] (37.4 percent) is less than one-half the percentage in the United Kingdom (84 percent), Canada (80 percent), Sweden (94 percent), DT only), France (95 percent), Spain (97 percent), Italy (99 percent, DT only), and Israel (95 percent)" (U. S. Congress, Office of Technology Assessment, 1988, p. 142).

A 1987 study by the Children's Defense Fund shows that nationally the percents of two-year-old children fully immunized have actually decreased from one to four percentage points

between 1980 and 1985 for all diseases—polio, measles, rubella, mumps, and DTP (diptheria, tetanus, pertussis). The 1985 percents of children fully immunized against these diseases range from a low of 76.7 for polio to a high of 85.8 for DPT, all well below the objective of 90 percent set for 1990 by the Surgeon General in 1978 (Children's Defense Fund, 1988b, p. 32).

The cost of vaccines for immunization has skyrocketed in recent years. Most vaccines cost two to four times as much in 1986 as they did in 1980 (correcting for inflation) (Children's Defense Fund, 1987, p. 30).

Larger percentages of non-White than White children age one to four years received no doses of vaccine in 1985: for polio, the percents were 7.4 for Blacks and 2.3 for Whites; for measles, rubella, and mumps, around one-third of non-White children received no doses compared to around one-quarter of White children (Children's Defense Fund, 1988b, p. 17).

"Since 1979, New York State has required immunization for children entering school and as a condition of school attendance" (SOCNY, p. 107). Surveys show that through 1984-85, 97 percent of New York's school children were fully immunized against the seven childhood diseases. "Immunization levels were lower in New York City (94%) than in counties outside of New York City (98%)" (SOCNY, p. 107).

CHILDREN IN SIGNIFICANT NUMBERS EXPERIENCE PSYCHIATRIC DISORDERS

Prevalence studies of childhood psychopathology estimate the rate of psychiatric disorder in the general population at about 12 percent. More recent estimates indicate that the rates range between 18 and 22 percent for different specific psychiatric diagnoses. The rates of overall and specific mental health problems appear to vary across sex, age, social class, ethnic group, and geographic region. For example, Black and Hispanic children in New York City are proportionately about twice as likely as non-Hispanic White children to show severe psychiatric impairment. The literature indicates that almost all psychotic children and adolescents are known to some treatment facility but the majority of clinically maladjusted children are not receiving treatment (adapted from a special report provided by M. S. Gould, personal communication, October 28, 1988).

AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME) IS A GROWING THREAT TO THE HEALTH OF CHILDREN.

"Children contract AIDS primarily through their infected mothers before or during birth. . . . AIDS is a fatal disease. Approximately 70 percent of infected persons die within two years of diagnosis" (SOCNY, p. 98).

Of the 511 children through age 13 diagnosed with AIDS in the United States in 1987, 37 percent lived in New York State, all but a few of them in New York City. Fifty-four percent of them were Black, 25 percent Hispanic, and 20 percent were White. The number of pediatric cases of AIDS in New York City has increased explosively from 1983 when 22 cases were identified to 1986 when the number of pediatric aids cases was 166. "Approximately 30 adolescents have been diagnosed with AIDS in New York City in 1987.... This figure can be expected to increase rapidly due to drug use and increasing sexual activity among adolescents" (SOCNY, p. 98).

TOO MANY CHILDREN LIVE IN FAMILIES WITH NO HEALTH INSURANCE

"The ability to secure and maintain quality health care is at least partially dependent on the availability of adequate and affordable health insurance. Without affordable health insurance coverage, families may defer receiving necessary or appropriate medical care. In addition, families without health insurance are continually at risk of financial crisis should a major illness occur" (SOCNY, p. 108).

In 1986, almost one-fifth of New York's children and youth under age 20 were without health insurance coverage. Of these children, 74 percent were in poor, near poor, or low-income families (SOCNY, p. 109).

PHYSICAL FITNESS OF SCHOOL CHILDREN IS POOR

Studies have found that the fitness of American school children has not improved in the last two decades. A 1984 study of students nationwide on strength, endurance, and overall fitness indicated that New York State students aged six to 17 years placed 41st out of 48 states tested; boys performed more poorly than girls (SOCNY, p. 108).

MORE CHILDREN AGED ONE THROUGH 19 DIE AS A RESULT OF ACCIDENTS THAN ANY OTHER SINGLE CAUSE

Approximately one-third of all 1985 deaths of children in New York State between the ages of 1 and 19 years were due to accidents including motor vehicle accidents, falls, fires, and drowning. For younger children (aged 1-14), malignant neoplasm and congenital anomalies ranked in second and third place as leading causes of child deaths with 12 percent and ten percent of deaths, respectively. For adolescents (aged 15-19), homicide and suicide were in second and third places with 20 percent and nine percent of deaths, respectively. However, for non-White youths, homicides were the leading cause of death (SOCNY, pp. 98-99).

HUNGER IN AMERICA AND IN NEW YORK STATE IS A GROWING PROBLEM

Hearings conducted by the Select Committee on Hunger of the United States House of Representatives in 1985 revealed evidence that inadequate food supplies in homes across the country were sending ever increasing numbers of poor people to public food pantries and soup kitchens operated by both public and private agencies (Leland, 1986, p. 2). Other reports document recent increases in the numbers of people across the country who are unable to provide themselves and their children with minimally adequate nutrition (Brown and Pizer, 1987; Edelman, 1987; U. S. Congress, House of Representatives, Select Committee on Hunger, 1986).

A 1985 study of emergency food relief in New York State found that 1,212 nongovernmental programs of food relief were in operation throughout the state with one or more programs in every county of the state. Not only was emergency food relief widespread, it was growing. Sixty-three percent of the programs reported that the number of people being served had increased over the previous year and more than half of the programs were newly established since 1980. The demand for emergency food relief is not an isolated problem of a few counties or cities; it is a statewide problem affecting a large number of people (Campbell, 1986, pp. 99-101). A New York State citizens' lobby group publishes a newsletter, *Hunger Action*, and met with state legislators in February 1988, to press for increases in state funding for antihunger programs (Hunger Action Network of New York, 1988).

A study of the causes and conditions of the food emergencies in 1,506 households with children in East Harlem, Brooklyn, and the Bronx in 1984 found that the primary causes of hunger conditions were unemployment among marginal workers, the impact of inflation on welfare grant levels since 1969, and New York City's policy of closing large numbers of income eligible welfare cases monthly for administrative reasons (Statewide Youth Advocacy, 1987). Of the 5,137 persons served by food emergency services in these three boroughs during 1984, 63.2 percent were children under the age of 18 (Dehavenon, 1986, pp. 105, 129).

Changes in federal policies during the 1980s affecting the size and scope of nutrition programs and limiting their eligibility make the programs less accessible to poor people. The School Lunch, School Breakfast, Child Care Feeding, and Summer Food Programs have been cut by 29 percent between 1982 and 1985. In New York, this meant that, for example, between 1980 and 1984 150,000 children were dropped from the School Lunch Program. Similarly, federal cuts meant that the Food Stamp Program now serves 72,000 fewer New Yorkers than in 1981 and only about half of all eligible persons are served. Only 44 percent of eligible persons are served by the Women, Infants, and Children's (WIC) supplementary food program (Statewide Youth Advocacy, 1988, pp. 25-26).

PREGNANCY AND CHILDBEARING AMONG SCHOOL-AGED YOUTH CONSTITUTE A PARTICULARLY DIFFICULT AND DELICATE PROBLEM WITH IMPORTANT IMPLICATIONS FOR YOUNG PEOPLE AND FOR SOCIETY

"No human experience is at once so transiently private and lastingly public as an unintended pregnancy. When the mother herself is a young adolescent, only partially educated and almost wholly economically dependent, the pregnancy is inevitably enmeshed in a ragged tapestry of personal, interpersonal, social, religious, ethical, and economic dimensions. The peculiarly human gap between reproductive maturation and social self-sufficiency sets the stage for the problem. Many factors beyond the control—even the ken—of the young people involved complicate the scene. At every point, external expectations batter on newly emerging drives, challenging young adolescents to balance immediate satisfaction and long-range consequences radically disproportionate from anything they have previously had to deal with. It is little wonder that in this very complicated arena research has been difficult and social consensus elusive" (Federman, 1987, p. xi).

"Few people can approach the problem of teenage pregnancy dispassionately. Becoming sexually active, using contraception, considering abortion or adoption—every step is invested with a panoply of moral and religious questions, and these decisions are often undertaken alone by a frightened and immature young woman who would be considered a child in nearly any other context. A consciousness of this poignance pervades our report, and deliberately so. The panel believes that at each step—however much one may wish for a different outcome of a prior decision—the potentially or actually pregnant teenager should be treated kindly and warmly and should have a complete set of options available without the interposition of moral hounding or economic barriers" (Federman, 1987, p. xii).

THE AVERAGE AGE OF MENARCHE HAS GRADUALLY FALLEN OVER THE PAST SEVERAL GENERATIONS

The average age of menarche (12.5 years) is now about four years younger than it was 100 years ago (Kreipe, 1983, p. 40). This trend is common to countries of North America and Europe. Most investigators attribute this decrease to improved nutrition (Eveleth, 1986, pp. 43-46). However, the decrease appears to have slowed or ceased altogether in recent years (Reiter, 1986, p. 56.)

THE RATES OF TEENAGE SEXUAL ACTIVITY, PREGNANCY, ABORTION, AND CHILDBEARING ARE HIGH, BUT NO LONGER RISING.

"The United States leads all other Western developed countries in its rates of adolescent pregnancy, abortion, and childbearing, even though the age of initiation and rates of sexual activity in these countries are comparable. The difference is most striking among the youngest teenagers, those under age 15, who are more than five times as likely to give birth as girls in any other developed country of the world" (Hayes, 1987, p. 1).

Although over one million women aged 15-19 in the United States became pregnant in 1984, the absolute numbers of both pregnancies and births dropped considerably after 1980. Moreover, the pregnancy rates and the birth rates were down slightly from 1980. The percent of women in this age range who were never married increased almost every year from 1970 (89 percent) to 1984 (93 percent). The percent of single women aged 15-19 who were sexually experienced increased steadily from 25 percent in 1970 to 43 percent in 1982, but it has remained constant through 1984. Similarly, the abortion rate, after rising rapidly since its legalization nationwide in 1973, has remained constant (about 43 percent) since 1979 (Hofferth and Hayes, 1987, pp. 414-415).

Despite these more positive trends, the best estimates are that in 1981 about 44 percent of young women in the United States will become pregnant before reaching the age of 20, 40 percent of White women and 63 percent of Black women (Hofferth, 1987, p. 78).

Furstenberg, Brooks-Gunn, and Morgan (1987) note that "at the height of the baby boom close to half of all women wed in their teens and well over a quarter of women had their first birth before age 20" (p. 1). Thus, much adolescent sexual activity was unremarkable because it occurred within marriages. Since then, the rising average age at marriage and the increasing number of women who become divorced or, especially among Blacks, remain unmarried, contribute to the growing percent of births to single teens, i.e., most of the growth in single parenthood is due to changes in marital behavior: Whites marry and increasingly divorce, whereas Blacks are increasingly likely never to marry (Garfinkel and McLanahan, 1986, p. 54). Wilson provides analyses of census data for 1960, 1970, and 1980 that also are consistent with the Furstenberg et al. suggestion (Wilson, 1986, Table D-1A, B, and C).

In New York State, the upward trend in adolescent pregnancy rates was reversed in 1983, but then increased again slightly from 83.3 per 1,000 to 84.3 per 1,000 in 1985. "All of this increase occurred in counties outside of New York City. Among adolescent females in New York City, the rate of pregnancies declined during this period" (SOCNY, pp. 102-103). The absolute number of both pregnancies and births to adolescent females in New York State declined from 1980 to 1985. The rate of teenage births decreased from 39.4 per 1,000 in 1979 to 34.8 in 1980 but increased again to 36.5 by 1985 (SOCNY, pp. 102-103).

However, pregnancy and fertility rates for sexually experienced women aged 15 to 19 in New York dropped by 25 percent between 1974 and 1980. This was the largest drop of all 37 states included in the study (U. S. Public Health Service, Centers for Disease Control, 1985).

The decrease in number of births to teenagers between 1975 and 1985 is partly due to a decline in the number of adolescent females who became pregnant and partly due to an increased tendency for adolescents to terminate their pregnancies (55 percent) rather than carry to term (43 percent) (SOCNY, p. 103).

Although, in 1980, non-White teenage pregnancy rates in New York State were 2½ times the level of White rates, the number of pregnancies among Whites (35,871) was larger than the number of pregnancies among non-Whites (23,708) (SOCNY, p. 102).

School-age mothers experience higher rates than older mothers of toxemia, anemia, urinary tract infections, prolonged labor, and a pelvis too small for the delivery of the fetus. Infants born to teenaged mothers are also at risk of numerous developmental problems related to the mother's age, nutrition, birth weight of infant, and receipt of prenatal care. Teen parents often complete fewer years of education than their nonparent peers and this lack of education negatively influences the ability of adolescent parents to provide for their families without dependence upon public assistance (SOCNY, p. 103).

In 1985, ten percent of infants born to New York State teenaged mothers were at low birth weight (2,500 grams or 3.5 pounds or less). From 1970 to 1985, the rate of low weight births decreased from 12.6 per 100 live births to 9.7 (SOCNY, p. 103.) However, the National Institute of Medicine has determined that being biologically young is not an independent risk factor for low birth weight and that the increased risk probably comes from other attributes of teenage mothers such as low socioeconomic status, poor nutritional status, low prepregnancy weight, and inadequate prenatal care (U. S. House of Representatives, Select Committee on Children, Youth, and Families, 1986b, p. 9).

In New York State, teenage mothers receive less adequate prenatal care than mothers in other age groups. "In 1985, 41 percent of teen mothers began prenatal care in the first trimester compared with 71 percent of mothers in the 20 to 34 age group. Twenty percent of teen mothers had late (third trimester) or no prenatal care compared with nine percent of mothers aged 20 to 34 . . . More than a quarter (27 percent) of non-white teenaged mothers received late or no prenatal care compared with 19 percent of white teenaged mothers" (SOCNY, p. 103).

Child Abuse and Maltreatment

REPORTS OF CHILD ABUSE AND MALTREATMENT HAVE INCREASED SUBSTANTIALLY SINCE 1974

Both national and New York State data indicate that the number of registered reports of child abuse (physical harm or sexual abuse) have increased appreciably and the registered reports of child maltreatment (neglect, endangering a child) have increased since 1974. These increases probably reflect more actual incidents of child abuse/maltreatment and improved reporting (SOCNY, p. 138).

Reports of child maltreatment outnumber reports of child abuse by a ratio of nine to one: 75,563 to 8,556 in 1985 (SOCNY, p. 138).

Reports of child abuse/maltreatment originating in New York City occur at a higher rate (21 reports per 1,000 children) than in the rest of the state (16 reports per 1,000 children) (SOCNY, p. 139).

Mandated child abuse reports (those required by law to report suspected incidents, e.g., physicians, peace officers, school personnel, hospital personnel) account for almost half (44 percent) of the reports of child abuse/maltreatment. Relatives, neighbors, and others submit the rest (SOCNY, p. 139).

When investigation of a reported incident yields credible evidence of child abuse/maltreatment, the case is labeled as "indicated"; if no such evidence is found, the case is considered "unfounded" and all records of the incident are deleted. The percentage of all reports that were indicated dropped from 40 percent in 1980 to 37 percent in 1985; the absolute number of indicated cases also declined from 15,757 to 13,418 over the same period (SOCNY, p. 140).

The reports filed by mandated reporters yielded indicated incidents of child abuse/maltreatment in half the cases, whereas those from nonmandated reporters were indicated in only 27 percent of the cases in 1985 (SOCNY, p. 140).

YOUNG CHILDREN COMPRISE A LARGE PROPORTION OF ALL INDICATED INCIDENTS OF CHILD ABUSE AND MALTREATMENT

In 1985, children aged nine years and younger were the subjects in almost half (48 percent) of all indicated incidents of child abuse and almost two-thirds (63 percent) of all incidents of child maltreatment (SOCNY, p. 140).

GIRLS MORE OFTEN THAN BOYS ARE VICTIMS OF CHILD ABUSE

Although victims of maltreatment were about as often girls as boys (49 to 51 percent), three-quarters of all indicated incidents of child abuse involved girls (SOCNY, p. 140).

THE RACIAL/ETHNIC DISTRIBUTION OF CHILD ABUSE/ MALTREATMENT IN NEW YORK CITY DIFFERS MARKEDLY FROM THAT IN THE STATE AS A WHOLE

Although the proportions of the 1985 New York City population of children that Whites, Blacks, and Hispanics comprised did not differ greatly (37, 31, and 27 percent, respectively), the proportions of all cases of child abuse/maltreatment that involved children in these three population subgroups differed widely—14, 53, and 32 percent, respectively. For the state as a whole, however, the picture was very different: White, Black, and Hispanic children made up 69, 16, and 12 percent of the State's children and the proportions of all cases of child abuse/maltreatment that involved children in these three population subgroups were 48, 33, and 15 percent, respectively (SOCNY, p. 37).

MOST PERPETRATORS OF CHILD ABUSE/MALTREATMENT ARE WOMEN, USUALLY THE CHILD'S PARENT

Sixty percent of the perpetrators of indicated cases of child abuse/maltreatment in 1985 were women, 93 percent of them were the parent. Of the male perpetrators, 70 percent were the parent and 24 percent were parent substitutes (one who shares living quarters with the parent) (SOCNY, p. 141).

Although the majority of abuse and neglect perpetrators are women, a national study has demonstrated that men are responsible for more serious cases of abuse, especially sexual abuse (SOCNY, p.141).

MOST INDICATED CASES OF CHILD ABUSE/MALTREATMENT ARE RESOLVED THROUGH COOPERATIVE AGREEMENT BETWEEN PARENTS AND THE CHILD PROTECTIVE SERVICE, BUT SOME ARE TAKEN TO FAMILY COURT

In 1985, only 9,405 of the state's 21,288 cases of indicated child abuse/maltreatment were taken to family court for disposition. Over half (56 percent) of these were taken from New York City (SOCNY, p.142).

Although "many cases that are petitioned to family court are proven, in approximately 30 percent of the cases the evidence is not strong enough to prove the allegation" of child abuse/maltreatment (SOCNY, p. 143).

Of the 3,138 cases involving child abuse that came to family court in 1985, 21 percent were withdrawn, dismissed, or given suspended judgment. In 22 percent of the cases, the child was released to a parent or parents, usually under agency supervision. In 34 percent of the cases, the child was removed from his or her home and usually placed with the local Department of Social Services (SOCNY, p. 144).

"Dispositions on child protective proceedings involving abuse increased 29 percent from 1980 to 1985 with the increase higher in New York City (40 percent) than the rest of the state (19 percent)" (SOCNY, p. 144).

THE NUMBER OF CHILD FATALITIES IN CASES OF SUSPECTED CHILD ABUSE/MALTREATMENT HAS INCREASED IN RECENT YEARS

"In 1984, the State Central Register received 151 reports of fatalities involving 162 children. Of these, 112 deaths were found to be attributed to abuse or maltreatment in 1984, while only 87 children were confirmed fatalities due to abuse or maltreatment in 1980" (SOCNY, p. 145).

REPORTS OF ABUSE/MALTREATMENT OF CHILDREN IN OUT-OF-HOME CARE OCCUR AT A MUCH LOWER RATE THAN FOR CHILDREN IN THEIR OWN HOMES

The rate of reports of abuse and maltreatment of children in residential care is four per 1,000 children, compared with 18 per 1,000 children in the general population (SOCNY, p. 146).

Alcohol and Drug Abuse

A SUBSTANTIAL PROPORTION OF NEW YORK STATE SECONDARY SCHOOL STUDENTS ARE MODERATE TO HEAVY DRINKERS

A survey of 1.5 million secondary students (grades seven through 12) in New York State's public and private schools in 1982-83 indicated that over a quarter of them engaged in drinking alcoholic beverages in amounts and with frequencies such that they were classified as moderate or heavy drinkers and nearly three-quarters reported drinking at least infrequently (SOCNY, p. 105). However, this survey probably underestimates the total amount of youthful drinking because it did not include school drop-outs who probably drink more than students of the same age (Rosenthal, March 1988, personal communication).

"Both the number of youth and the amount they reported drinking increased with age and grade level" (SOCNY, p. 104).

"A greater proportion of males (74%) drank than females (68%) and males (18%) were more than twice as likely as females (8%) to be heavy drinkers" (SOCNY, p. 104).

White students (13 percent) were more likely to be heavy drinkers than were Black students (five percent), Hispanic students (eight percent), or students of other races/ethnicities (ten percent) (SOCNY, p. 105).

A study by the New York State Division of Alcoholism and Alcohol Abuse found that important reductions in alcohol consumption among youth aged 16-20 were reported following the passage of the state law in 1985 that raised the minimum purchase age for alcoholic beverages to 21 years (SOCNY, p. 105).

SECONDARY SCHOOL STUDENTS IN NEW YORK STATE REPORT USE OF ILLEGAL DRUGS WITH SIGNIFICANT FREQUENCY

In the large sample survey mentioned above, almost one-quarter (24 percent) of students in New York State public and private secondary schools reported that they had used marijuana one or more times in the 30 days just prior to the survey. Eight percent reported using marijuana 10 or more times during that month. Other drugs with relatively high frequency of illegal use included stimulants (nonmedical use of prescriptions drugs) (11 percent), inhalants (seven percent), cocaine (six percent), and analgesics (six percent) (SOCNY, p. 105).

"Although the number of youth reporting ever having used marijuana declined from 54 percent to 46 percent between 1978 and 1983, there was increased usage of stimulants, cocaine, and inhalants" (SOCNY, p. 105).

Since mid-1985, an increasing number of teens have used crack, a smokable form of cocaine that is highly addictive. Evidence from admissions to drug treatment facilities and crime statistics indicates that crack use is a serious and growing problem (SOCNY, p. 106).

A NON-WHITE CHILD IS MORE LIKELY THAN A WHITE CHILD TO BE BORN TO A TEEN-AGED MOTHER

In 1980, non-White adolescent pregnancy rates in New York were 2.5 times the level for Whites (150 pregnancies per 1,000 non-White females aged 15-19, compared to 60 per 1,000 for Whites (SOCNY, p. 102).

In 1985, 17.8 percent of all Black births were to women age 19 and under; the comparable percent for all non-Whites was 15.9 compared to 8.0 percent for Whites (Children's Defense Fund, 1988b, p. 176).

In 1985, a very small percent (0.2 percent) of all births were to women under the age of 15 years but such births were much more frequent among Black (0.5 percent) and non-White (0.4 percent) than among White (0.1 percent) women (Children's Defense Fund, 1988b, p. 176).

BLACK AND OTHER NON-WHITE MOTHERS ARE LESS LIKELY THAN WHITE MOTHERS TO RECEIVE PROPER PRENATAL CARE

More than one-quarter (27 percent) of non-White teenaged mothers in New York received no or late (third trimester) prenatal care in 1985 compared to 19 percent for White teenaged mothers (SOCNY, p. 103).

New York was one of the five worst states in the United States on number of Black babies receiving no or late prenatal care in 1985 (Children's Defense Fund, 1988b, p. xii).

Receipt of inadequate prenatal care in 1985 was much more common among Black and other non-White (23.0 percent) than among White (8.7 percent) women (Children's Defense Fund, 1988b, p. 176).

BLACK AND OTHER NON-WHITE WOMEN HAVE MUCH HIGHER MATERNAL MORTALITY RATES NATIONALLY THAN WHITE WOMEN

Black and other non-White women in the United States in 1985 were almost four times as likely as White women to die of pregnancy and childbirth related conditions (Children's Defense Fund, 1988b, p. 10).

After reaching an all-time low in 1983, national Black and non-White maternal mortality rates rose between 1983 and 1985 by 11 and ten percent, respectively, while White maternal mortality declined during this period by 12 percent (Children's Defense Fund, 1988b, p. 10).

Experts estimate that as much as 75 percent of all maternal mortality is preventable. " . . . the greatest possibility for prevention exists among those [specific] causes for which Black women are at highest risk. For example, Black women are 7.0 times more likely than White women to die as a result of anemia, 5.9 times more likely to die as a result of ectopic pregnancy, and 7.7 times more likely to die as a result of anesthesia-related causes during uncomplicated deliveries. Each of these causes is considered preventable" (Children's Defense Fund, 1988b, p. 10).

A NON-WHITE BABY IS MORE LIKELY THAN A WHITE BABY TO BE BORN AT LOW BIRTH WEIGHT

In 1985, 11.1 of every 100 non-White infant births in New York were at low birth weight compared to 5.6 of every 100 White infant births (SOCNY, p. 97).

BLACK AND OTHER NON-WHITE BABIES ARE MORE LIKELY THAN WHITE BABIES TO DIE DURING THE FIRST YEAR

Although infant mortality rates for all babies have improved substantially since 1970 (SOCNY, pp. 95-96), the 1985 rates for Blacks (16.1 per 1,000 live births) and all non-Whites (14.7) were much higher than the rate for Whites (9.4) (Children's Defense Fund, 1988b, p. 176).

BLACK AND HISPANIC CHILDREN ARE MORE LIKELY THAN WHITE CHILDREN TO LIVE IN POVERTY

Although a higher percent of all New York children were living in poverty in 1979 than in 1969, the percents of Black (38) and Hispanic (45) children living in poverty were much higher than the percent for Whites (10) in 1979 and they had increased more over that decade (SOCNY, p. 71).

Median family income of Black families in New York State dropped between 1969 and 1979 from 62 to 55 percent of White median family income. For Hispanic families, the corresponding drop was from 53 to 45 percent (SOCNY, p. 192).

Although Blacks and Hispanics comprise 30 percent of New York's child population, they make up 57 percent of the State's poor and 54 percent of its near-poor children (Statewide Youth Advocacy, 1986, p. 6).

BLACK AND HISPANIC CHILDREN ARE LESS LIKELY THAN WHITE CHILDREN TO LIVE WITH BOTH PARENTS

In New York, less than half of all Black children and only slightly more than half of all Hispanic children lived with two parents in 1980. In contrast, 85 percent of all White children lived with two parents (SOCNY, p. 50).

NON-WHITE CHILDREN ARE MORE LIKELY THAN WHITE CHILDREN TO LIVE IN RENTAL HOUSING UNITS

Almost three-fifths of all occupied year-round housing units of non-White households in New York were rental units compared to less than half (44.8 percent) for Whites who lived predominantly in owner-occupied units (Nelson A. Rockefeller Institute of Government, 1986, p. 46).

MANY BLACK AND HISPANIC CHILDREN ATTEND SCHOOLS THAT HAVE HIGH MINORITY ENROLLMENTS

Over half of New York's Black and Hispanic students attend schools with 90 percent or higher minority enrollments (Statewide Youth Advocacy, 1986, p. 54).

BLACK STUDENTS ARE MORE LIKELY THAN WHITE STUDENTS TO BE SUSPENDED FROM SCHOOL

Although Black students comprised 24 percent of New York's public school population in 1980, they received a disproportionate 34 percent of the out-of-school suspensions that year (Statewide Youth Advocacy, 1986, p. 54).

BLACK AND HISPANIC STUDENTS ARE MORE LIKELY THAN WHITE STUDENTS TO DROP OUT OF SCHOOL

By high school graduation time in the Spring of 1985, 54 percent of New York's Black and 60 percent of Hispanic students who were in the ninth grade in Fall of 1981, had dropped out of school; the comparable rate for White students was 21 percent (SOCNY, p. 129).

POOR BLACKS AND POOR WHITES TEND TO LIVE IN VERY DIFFERENT NEIGHBORHOODS

"New York City alone contained 85 percent of the state's Hispanic population and 74 percent of its non-Hispanic blacks and Asians" (Alba and Trent, 1988, p. 91). Poor Blacks tend to be concentrated in poor, isolated, urban neighborhoods where joblessness, lawlessness, and poor schools are common. Poor Whites rarely live in such neighborhoods and working- and middle-class Blacks have been leaving such neighborhoods in growing numbers. Thus, "if one were to conduct a study that simply compared the responses of poor urban whites with those of poor urban blacks . . . without taking into account the different neighborhoods in which poor whites and poor blacks tend to live, one would reach conclusions about attitudes, norms, behavior, and human-capital traits that would be favorable to poor whites and unfavorable to poor blacks" (Wilson, 1987, p. 58).

BLACK TEENAGED YOUTH ARE MORE LIKELY THAN WHITES TO BE UNEMPLOYED

In 1985, the Black teenaged youth unemployment rate in New York was 42 per 100 in the labor force; for White youth, the comparable figure was 15 per 100 (SOCNY, p. 66). "Only a minority of noninstitutionalized black youth are employed. . . . [T]he percentage of black youth who are employed has sharply and steadily declined since 1954, whereas among white males it has increased only slightly for all categories. The fact that only 58 percent of all black young [age 20-24] adult males, 34 percent of all black males aged eighteen to nineteen, and 16 percent of those aged sixteen to seventeen were employed in 1984 reveals a problem of joblessness for young black men that has reached catastrophic proportions" (Wilson, 1987, p. 43).

TRANSFORMATION IN THE URBAN ECONOMY HAS CONTRIBUTED TO JOBLESSNESS AMONG INNER-CITY MINORITY RESIDENTS

Citing a 1986 study carried out by John D. Kasarda for the National Academy of Sciences, Wilson reports that, between 1970 and 1984, New York City lost 492,000 jobs requiring less than high school education and gained 239,000 jobs requiring some higher education. At the same time, significant increases were occurring in the numbers of minority residents, many of whom have low educational qualifications and, therefore, are not often employed in the high-growth industries (Wilson, 1987, p. 40).

BLACK AND HISPANIC MALE TEENAGERS ARE MORE LIKELY THAN WHITE MALE TEENAGERS TO BE DETAINED IN A CORRECTIONAL FACILITY

Although Blacks and Hispanics comprise only 28 percent of the State's under age 18 population, they constitute 84 percent of those placed in New York's most restrictive secure juvenile facilities (Statewide Youth Advocacy, 1986, p. 60).

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